

No. C 84237		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WOMEN'S MEDICAL CLINIC, P.A. GERALD E CARLSON 2003 WEST CROOS CREEK DR NAMPA ID 83686		GERALD E CARLSON 2003 W CROSS CREEK DR NAMPA ID 83686			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	SHERRON C CARLSON	2003 WEST CROSS CREEK DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 84237		6. Annual Report must be signed.* Signature: SHERRON C CARLSON Name (type or print): SHERRON C CARLSON					
		Date: 04/24/2016 Title: SEC/TREAS					
Processed 04/24/2016 * Electronically provided signatures are accepted as original signatures.							