

No. <b>C 84237</b>		<b>Due no later than Jun 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:		6. Annual Report must be signed.*					
<b>ID C 84237</b>		Signature: Sherron Carlson				Date: 04/24/2014	
		Name (type or print): Sherron Carlson				Title: Sec/Treas	
Processed 04/24/2014		* Electronically provided signatures are accepted as original signatures.					