

No. C 84237	Due no later than June 30, 2006		2. Registered Agent and Office 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	Annual Report Form																											
	1. Mailing Address - Correct in this box, if applicable WOMEN'S MEDICAL CLINIC, P.A. GERALD E CARLSON P O BOX 997 MERIDIAN, ID 83642		GERALD E CARLSON 1603-B 12TH AVENUE NAMPA, ID 83651 3. <u>New</u> Registered Agent Signature																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Gerald Carlson</td> <td>2003 W Cross Creek Dr</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">"</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sec/treas</td> <td>Sherron Carlson</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Gerald Carlson	2003 W Cross Creek Dr	Nampa	ID	83686			"				Sec/treas	Sherron Carlson				
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		"																										
Sec/treas	Sherron Carlson																											
5. Organized Under the Laws of: IDAHO C 84237		6. Signature <u>Sherron C Carlson</u> Date <u>5/4/06</u> Name (Typed or Printed) <u>Sherron C Carlson</u> Title <u>Sec / treas</u>																										

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