


No. C 49700	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable WOMEN'S CLINIC OF NORTH IDAHO, P.A. WM. G. TARNASKY 980 IRONWOOD STE 306 COEUR D ALENE, ID 83814		FREDERICK P AMBROSE 980 IRONWOOD #306 COEUR D'ALENE, ID 83814
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	FREDERICK P. AMBROSE	980 IRONWOOD DR, STE 306			
		COEUR D'ALENE ID	83815		
V. PRESIDENT	MARY A. SANDERSON	"	"	"	"
SEC'Y/TREAS.					

5. Organized Under the Laws of: IDAHO C 49700	6. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) FREDERICK P. AMBROSE </div> <div> Date 5/14/07 Title PRESIDENT </div> </div>
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Issued 05/01/2007

Do Not Tape or Staple

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