

No. 053872	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1987		2. Registered Agent and Office * ROBERT C. OLDING <i>CF</i> <del>323 CRESTVIEW</del> 2158 JEAN AVE <del>NAMPAY IDAHO</del> SO. LAKE TAHOE, <del>83651</del> CA 95731																									
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 053872		3. Incorporated Under The Laws of STATE OF IDAHO																									
	RECEIVED CANYON WOMEN'S CLINIC, P.A. ROBERT C. OLDING, M.D. 12TH AVENUE ROAD P.O. Box 9018 NAMPAY IDAHO 83651 LAKE TAHOE, CA 95731																											
					4. Names and Addresses of Officers and Directors																							
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>ROBERT C. OLDING</td> <td>P.O. Box 9018</td> <td>So. LAKE TAHOE</td> <td>CA</td> <td>95731</td> </tr> <tr> <td>Secretary:</td> <td>" " "</td> <td>" " "</td> <td>" " "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Directors:</td> <td>" " "</td> <td>" " "</td> <td>" " "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	ROBERT C. OLDING	P.O. Box 9018	So. LAKE TAHOE	CA	95731	Secretary:	" " "	" " "	" " "	" "	" "	Directors:	" " "	" " "	" " "	" "	" "
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Directors:	" " "	" " "	" " "	" "	" "																							
5. Nature of Business  MEDICINE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <i>Robert C. Olding</i> Date 10-13-87 Name (Typed or Printed) ROBERT C. OLDING Title PRES																											