

ISSUED: 07-05-1994

No. 66025	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		BARBARA ANN PLAIN																									
	1. Mailing Address —		1320 N. GARDEN																									
	WOMEN'S HEALTH CARE, INC. BARBARA A. PLAIN 1320 NORTH GARDEN BOISE ID 83706		BOISE ID 83706 3. Incorporated Under The Laws of ID NO: 66025																									
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>BARBARA A. PLAIN</td> <td>1320 N. GARDEN</td> <td>BOISE</td> <td>Id.</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>MARSHA BUTTERMAN</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:	BARBARA A. PLAIN	1320 N. GARDEN	BOISE	Id.	83706	Secretary:	MARSHA BUTTERMAN					Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
President:	BARBARA A. PLAIN	1320 N. GARDEN	BOISE	Id.	83706																							
Secretary:	MARSHA BUTTERMAN																											
Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Health Care		<table border="1"> <tr> <td>Signature</td> <td>BARBARA A. PLAIN</td> <td>Date</td> <td>7-18-94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>BARBARA A. PLAIN</td> <td>Title</td> <td>Pres. Dent</td> </tr> </table>			Signature	BARBARA A. PLAIN	Date	7-18-94	Name (Typed or Printed)	BARBARA A. PLAIN	Title	Pres. Dent																
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