

STATE OF COLORADO
BIENNIAL REPORT OF
A CORPORATION OR LIMITED LIABILITY COMPANY

FEE \$ 25.00
ON OR BEFORE 07/31/1999
DATE DUE
REPORT YEAR 1999

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING
SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE 05/01/1999

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION
CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP

19871286781 DPC STATE/COUNTRY OF INC
HERN WARREN M
BOULDER ABORTION CLINIC, P.C.
1130 ALPINE STE D
BOULDER CO 80302

FOR OFFICE USE ONLY
19991104878 M
\$ 25.00
SECRETARY OF STATE
06-03-1999 12:44:46

Return completed reports to:
Department of State
Corporate Report Section
1560 Broadway, Suite 200
Denver, CO 80202

FIRST REPORT OR CORRECTIONS IN THIS COLUMN
TYPE NEW AGENT NAME
SIGNATURE OF NEW REGISTERED AGENT
MUST HAVE A STREET ADDRESS
1130 Alpine Avenue
CITY Boulder STATE CO ZIP 80304

OFFICERS NAME AND ADDRESS	TITLE
HERN, WARREN M 1130 ALPINE BOULDER CO 80304	PT
BARRY, CHRISTINE 15 LA PLATA PL DURANGO CO 81301	VP
HERN, EDNA 624 PEARL BOULDER CO 80301	SE

Omit
Omit

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS
HERN, WARREN M 1130 ALPINE BOULDER CO 80304
BARRY, CHRISTINE 15 LA PLATA PL DURANGO CO 81301
HERN, EDNA 624 PEARL BOULDER CO 80301

(If you have less than 3 shareholders, you may list less than 3 directors)
Omit
Omit

Address of Principal Place of Business
Street 1130 Alpine Avenue
City Boulder State CO Zip 80304

SIGNATURE

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY Warren M. HERN Authorized Agent
TITLE President DATE 5/2 1999

NOTE: DO NOT USE THIS BOX IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK