| | Due no later than Jun 30, 2003 | 2. Registered Agent and Office NO PO BOX |
|---------------------------------|--|---|
| No. W 6413 | Appual Report Form | BRENDA M WILLIAMS |
| Return to: | Mailing Address - Correct in this box, if applicable | 125 E IDAHO STE 303 |
| SECRETARY OF STATE | WOMEN'S HEALTH ASSOCIATES, P.L.L.C. | |
| 700 WEST JEFFERSON | BRENDA M WILLIAMS | BOISE, ID 83712 |
| PO BOX 83720 | 125 E IDAHO STE 303 | |
| BOISE, ID 83720-0080 | Acro(10 | 3. New Registered Agent Signature |
| | BOISE, ID 83712 | |
| NO FILING FEE IF | DELO | <u>и</u> |
| RECEIVED BY DUE DATE | nies: Enter Names and Addresses of Managers. | |
| 4. Limited Liability Compa | Ci et es DO Address | <u>ity State Zip</u> |
| Office held Name | Street or P.O. Address | |
| 0 | fa M. Williams, MD. | |
| Wros Bren | ad mooning | |
| 1162 | ch Williams | WALENA HEALTH ACCOMMEN |
| 1 A Mit | ch Williams | WONEN'S HEALTH ASSOCIATES BBB NORTH 1st, SUITE 249 |
| 1 1) 1. | | BOISE , ID 83702 |
| 1 1111 | 2 N. IST Suited40 | (206) 338-8900 |
| /22 | | (Eac) con-pool |
| / 3- | · - TN 83702/ | |
| (2 | oise TD 83702 | . 1 . 1 |
| | | 4-710 |
| 5. Organized Under the Laws of: | 6. Previo | William 7 01-04 |
| IDAHO | Signature | III Pro- |
| | Name Printed Brenda W. | Mams Title Pres. |
| W 6413 | Name Printed) | 90 |
| 1 04/04/2003 | Do Not Tape or Staple | CALL THE STATE OF |
| Issued 04/01/2003 | | |