No. W 747	Due no later than December 31, 2004	2. Registered Age	nt and Office NO PO BO	
Return to:	Annual Report Form			
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	MAX J CROUCH 15 MADISON PROFESSIONAL PARK REXBURG, ID 83440		
700 WEST JEFFERSON	MADISON WOMEN'S CLINIC P.L.L.C.			
PO BOX 83720	MAX J CROUCH	NEXBURG, ID	63440	
BOISE, ID 83720-0080	15 MADISON PROFESSIONAL PARK			
NO FILING FEE IF	REXBURG, ID 83440	3. New Registered	Agent Signature	
			, igam o ignataro	
RECEIVED BY DUE DATE				
 Limited Liability Comp 	panies: Enter Names and Addresses of Members.		· · · · · · · · · · · · · · · · · · ·	
Office held Name	Street or P.O. Address City	State	7in	
_		Otate	<u>410</u>	
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MAX & VICTORIA	A CROWLH 510 SOUTH 4th E. K	Ex Zd	83440	
Max & VICTORIA Bruce & Connid	e Barton 288 Nez Pierce	ex Id	83440	
Max & VICTORIA Bruce & Connid	e Barton 288 Nez Pierce	ex Id	"	
Max & Victoria Bruce & Connid John & Nanna	a CROUCH 500 SOUTH 4th E. K e Barton 288 Nez Pierce He Allred 155. Hudden Valley	Rex Id " " Rd " "		
5. Organized Under the Laws of: IDAHO	6. Signature Vicetoria A Crow	h Date	,, ,,	
5. Organized Under the Laws of:		h Date	,, ,,	