

No. W 10640		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TARGHEE WOMENS CLINIC, P.L.L.C. GARY L. LOVELL 37 SOUTH 2ND EAST, SUITE 200 REXBURG ID 83440		DR GARY L. LOVELL 37 SOUTH 2ND EAST, SUITE 200 REXBURG 83440			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	GARY L. LOVELL MD	37 SOUTH 2ND EAST, SUITE 200	REXBURG	ID	USA	83440	
MEMBER	ROBERT E. MEREDITH	37 SOUTH 2ND EAST, SUITE 200	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 10640		6. Annual Report must be signed.* Signature: Gary Lovell Name (type or print): Gary Lovell Date: 10/20/2014 Title: MD					
Processed 10/20/2014		* Electronically provided signatures are accepted as original signatures.					