

No. W 747		Due no later than Dec 31, 2008		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. MADISON WOMEN'S CLINIC P.L.L.C. BRUCE C BARTON 15 MADISON PROFESSIONAL PARK REXBURG ID 83440		MAX J CROUCH 15 MADISON PROFESSIONAL PARK REXBURG ID 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	JOHN ALLRED	15 NORTH HIDDEN VALLEY RD	REXBURG	ID	USA	83440	
MEMBER	BRUCE C BARTON	288 NEZ PERCE AVE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 747		6. Annual Report must be signed.* Signature: Tamie Ball Name (type or print): Tamie Ball Date: 01/07/2009 Title: Cpa					
Processed 01/07/2009		* Electronically provided signatures are accepted as original signatures.					