

No. J 261

Due no later than October 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WOMAN'S CLINIC, LLP  
100 E IDAHO ST STE 400  
BOISE, ID 83712

ANTHONY SCHIRER  
100 E IDAHO ST STE 400  
BOISE, ID 83712

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Partner	John M Werdel MD PA	100 E. Idaho, Ste 400	Boise	ID	83712
	Robert W. Davis MD PA	100 E. Idaho, Ste 400	Boise	ID	83712

5. Organized Under the Laws of:  
IDAHO  
J 261

6.

Signature

Date 8-14-2008

Name (Typed or Printed)

Robert W. Davis

Title

Partner

Issued 08/06/2008

Do Not Tape or Staple

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