

No. W 34757		Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MAGIC VALLEY WOMEN'S HEALTH CLINIC, PLLC DARREN W COLEMAN P.O. BOX 1293 TWIN FALLS ID 83303-1293		DARREN W COLEMAN 801 POLELINE ROAD WEST #3880 TWIN FALLS 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DARREN W COLEMAN	801 POLELINE ROAD WEST #3880	TWIN FALLS	ID	83301		
MEMBER	E MONTE CRANDALL MD PC	801 POLELINE ROAD WEST #3880	TWIN FALLS	ID	83301		
MEMBER	DONALD E SMITH MD PC	801 POLELINE ROAD WEST #3880	TWIN FALLS	ID	83301		
MEMBER	DAVID C ALLEN MD PC	801 POLELINE ROAD WEST #3880	TWIN FALLS	ID	83301		
MEMBER	MARC T ASTIN MD PC	801 POLELINE ROAD WEST #3880	TWIN FALLS	ID	83301		
MEMBER	MATTHEW H PACKHAM	801 POLELINE ROAD WEST #3880	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 34757		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman					
		Date: 10/29/2014 Title: Agent					
Processed 10/29/2014		* Electronically provided signatures are accepted as original signatures.					