

No. <b>W 34757</b>		Due no later than Nov 30, 2014		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> 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	
				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:		6. Annual Report must be signed.*			
<b>ID</b> <b>W 34757</b>		Signature: John Coleman		Date: 10/29/2014	
		Name (type or print): John Coleman		Title: Agent	
Processed 10/29/2014		* Electronically provided signatures are accepted as original signatures.			