No. W 747 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE			Due no later than Dec 31, 2013	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form 1. Mailing Address: Correct in this box if needed. MADISON WOMEN'S CLINIC P.L.L.C. JACQUELYN SPENCER 15 MADISON PROFESSIONAL PARK REXBURG ID 83440 USA mes and Addresses of at least one Member or Manager.		15 MADISOI REXBURG II	EDWARD E EVANS MD 15 MADISON PROFESSIONAL PARK REXBURG ID 83440 3. New Registered Agent Signature:*			
Office Held	Name	ines and Addre	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	EMBER JOHN ALLRED		716 AUTUMN DRIVE 1158 HORIZON DR	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 747			Edward Evans		Date: 10/22/2013			
		Name (type	e or print): Edward Evans		Title: Member			
Processed 10/22/20)13	* Electronically	y provided signatures are accepted as origina	l signatures.				