No. C 107863		Du	2. Registere	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		0.000 0.000000 0.00000000	STEVEN ROBISON 3450 POTOMAC WAY IDAHO FALLS 83404 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WOMEN'S HEALTHCARE ASSOCIATES, P.A. ROSEMARK WOMENCARE SPECIALISTS 3450 POTOMAC WAY IDAHO FALLS ID 83404		GENERAL DE RESIDENCE DE CONTRA				
NO FILING FEE IF RECEIVED BY DUE DATE		IDANO I ALLS	U 03404	or <u>new</u> neg	or <u></u> regions of rigorie organization			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TY B ERICKSON		3450 POTOMAC WAY	IDAHO FAL	S ID	USA	83404	
SECRETARY	STEVEN W	ROBISON	3450 POTOMAC WAY	IDAHO FAL	.S ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 107863		Signature: TY ERICKSON			Date: 11/14/2014			
		Name (type o		Title: PRESIDENT				
Processed 11/14/2014 * Electronically provided signatures are accepted as original signatures.								