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| No. W 99338 | | Due no later than Jan 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MOTHERWISE MIDWIFERY, L.L.C. NANCY DRAZNIN 508 W CHESTNUT ST GENESEE ID 83832 | | KEN NAGY 508 W CHESTNUT ST GENESEE ID 83832 | | | |
| | | | | 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 | NANCY DRAZNIN | 508 W. CHESTNUT ST. | GENESEE | ID | USA | 83832 | |
| 5. Organized Under the Laws of: ID W 99338 | | 6. Annual Report must be signed.* Signature: Nancy J Draznin Name (type or print): Nancy J Draznin | | | | | |
| | | Date: 12/28/2011 Title: Owner | | | | | |
| Processed 12/28/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |