

No. **W 34757**

Due no later than November 30, 2007

Annual Report Form

Return to:

**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

**MAGIC VALLEY WOMEN'S HEALTH CLINIC,
DARREN W COLEMAN
630 ADDISON W #210
TWIN FALLS, ID 83301**

2. Registered Agent and Office NO PO BOX

**DARREN W COLEMAN
630 ADDISON W #210
TWIN FALLS, ID 83301**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

Manager *Darren Coleman* *630 Addison W #210* *Twin Falls* *ID* *83301*

**5. Organized Under the Laws of:
IDAHO
W 34757**

6.

Signature

Date

9/11/07

Name (Typed or Printed)

Darren Coleman

Title

Manager

Issued 09/04/2007

Do Not Tape or Staple

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