

No. <b>W 10640</b>	<b>Due no later than Dec 31, 2009</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b> TARGHEE WOMENS CLINIC, P.L.L.C. GARY L. LOVELL 36 PROFESSIONAL PLAZA STE 204 REXBURG ID 83440		DR GARY L LOVELL 36 PROFESSIONAL PLAZA STE 204 REXBURG ID 83440			
			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	ROBERT E MEREDITH	36 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440
MEMBER	GARY L LOVELL MD	36 PROFESSIONAL PLAZA STE 204	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID W 10640</b>	6. Annual Report must be signed.* Signature: Gary L Lovell Name (type or print): Gary L Lovell		Date: 10/19/2009 Title: Manager			
Processed 10/19/2009		* Electronically provided signatures are accepted as original signatures.				