No.	Due no later than December 31, 2005  Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable MADISON WOMEN'S CLINIC P.L.L.C. MAX J CROUCH 15 MADISON PROFESSIONAL PARK REXBURG, ID 83440	MAX J CROUCH 15 MADISON PROFESSIONAL PARK REXBURG, ID 83440
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE 4. Limited Liability Compani	es: Enter Names and Addresses of Members.	
_	volt 5105,4 <sup>th</sup> E, Resulton 288 Nez Perce Res	City State Zip Exbrug ID 83440 Exbrug ID 83440 Exbrug ID 83440
Organized Under the Laws of: IDAHO W 747	6. Signature Wetors (Manual Printed)  Name (Typed or Victor) A CA	QCh Date 10/31/05  ROUCH Title
Issued 10/03/2005	Do Not Tape or Staple	200512000990

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