No. W 747	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012	2. Registered Agent and Office (NOT A P.O. BOX) BRUCE C BARTON 15 MADISON PROFESSIONAL PARK REXBURG ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MADISON WOMEN'S CLINIC P.L.L.C. BRUCE C BARTON 15 MADISON PROFESSIONAL PARK REXBURG ID 83440	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager/Member (circle one)						
	Bruce Barton, MD	288 Nez Perce	Rexburg	ID	USA	83440
	John W. Allred, MD	716 Autumn Drive	Rexburg	ID	USA	83440
	Edward Evans, MD	1158 Horizon Drive	Rexburg	ID	USA	83440

5. Organized Under the Laws of:

IDAHO
W 747

6.

Signature: Jacquelyn Hanson Date: 3/16/12

Name (type or print): Jacquelyn Hanson Title: Practice Administrator

Issued 03/16/2012 by CLH