No. W 129040		Due no later than Sep 30, 2017	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed.	JOHN S FOX MD 12998 ELMSPRING				
		LOCUST GROVE WOMEN'S HEALTH, P.L.L.C. JOHN S FOX MD 12998 ELMSPRING ST BOISE ID 83713	OMEN'S HEALTH, P.L.L.C.				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Com	panies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHN FOX	12998 ELMSPRING ST	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John Steven Fox	Date: 07/25/2017				
W 129040		Name (type or print): John Steven Fox	Title: manager				
Processed 07/25/2017 * Electronically provided signatures are accepted as original signatures.							