No. W 6413		Due no later than Jun 30, 2009		2. Registered A	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. WOMEN'S HEALTH ASSOCIATES, P.L.L.C. BRENDA M WILLIAMS 333 N 1ST STE 240 BOISE ID 83702		333 N 1ST S BOISE ID	BRENDA M WILLIAMS 333 N 1ST STE 240 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com Office Held	npanies: Enter Nai Name	mes and Addresses of	at least one Member or Manager. Street or PO Address	Cib	Ctata	Country	Doctal Code	
MEMBER		WILLIAMS MD	333 N 1ST STE 240	City BOISE	State ID	Country	Postal Code 83702	
MEMBER DEBBIE L YO			333 N 1ST STE 240	BOISE	ID	USA USA	83702	
MEMBER			333 N 1ST STE 240	BOISE	ID	USA	83702 83702	
MEMBER	JACQUELINE M MAYBACH MD SUZANNE R RICE MD		333 N 1ST STE 240	BOISE	ID	USA	83702	
MEMBER	Notice to the second se		333 N 1ST STE 240	BOISE	ID	USA	83702	
MEMBER	KELLY L SIUDZINSKI MD		333 N 1ST STE 240	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report mu						
ID W 6413		Signature: Ruth Stephens			Date: 04/22/2009			
		Name (type or print): Ruth Stephens			Title: Administrator			
Processed 04/22/2009		* Electronically provid	ed signatures are accepted as origina	al signatures.				