

No. W 117506		Due no later than Sep 30, 2013		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WOMEN'S MEDICAL CLINIC EXPENSE SHARING ACCOUNT PLLC KATHLEEN L. RUDEEN 6904 N SPURWING WAY MERIDIAN ID 83646-5177 USA		RANDALL L RUDEEN MD 6904 N SPURWING WAY MERIDIAN ID 83646-5177		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	RANDALL L. RUDEEN MD	6904 N SPURWING WAY	MERIDIAN	ID	USA	83646-5177	
5. Organized Under the Laws of: ID W 117506		6. Annual Report must be signed.* Signature: Randall L. Rudeen MD Name (type or print): Randall L. Rudeen MD		Date: 10/27/2013 Title: Member			
Processed 10/27/2013		* Electronically provided signatures are accepted as original signatures.					