

No. W 100004		Due no later than Jan 31, 2014		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. WOMANCARE MIDWIVES LLC BARBARA RAWLINGS 7084 ASH ST BONNERS FERRY ID 83805 USA		BARBARA RAWLINGS LM CPM 7084 ASH ST BONNERS FERRY ID 83805	
				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	BARBARA RAWLINGS	7084 ASH ST.	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of: ID W 100004		6. Annual Report must be signed.* Signature: Barbara Rawlings Name (type or print): Barbara Rawlings Date: 01/14/2014 Title: Manager			
Processed 01/14/2014		* Electronically provided signatures are accepted as original signatures.			