

No. W 129040		Due no later than Sep 30, 2018		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. LOCUST GROVE WOMEN'S HEALTH, P.L.L.C. JOHN S FOX MD 13390 W BLUEBELL DR BOISE ID 83713		JOHN S FOX MD 13390 W BLUEBELL DR BOISE ID 83713			
				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	
MANAGER	JOHN FOX	13390 W BLUEBELL DR	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 129040		6. Annual Report must be signed.* Signature: JOHN S FOX Name (type or print): JOHN S FOX Date: 08/03/2018 Title: MANAGER					
Processed 08/03/2018		* Electronically provided signatures are accepted as original signatures.					