

|  |                   |  |         |   |         |             |  |
|--|-------------------|--|---------|---|---------|-------------|--|
| No. <b>W 10640</b>   |                   | <b>Due no later than Dec 31, 2012</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TARGHEE WOMENS CLINIC, P.L.L.C.<br>GARY L. LOVELL<br>36 PROFESSIONAL PLAZA STE 204<br>REXBURG ID 83440 |         | DR GARY L LOVELL<br>36 PROFESSIONAL PLAZA STE 204<br>REXBURG ID 83440 |         |             |  |
|  |                   |  |         | 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   | GARY L LOVELL MD  | 36 PROFESSIONAL PLAZA STE 204  | REXBURG | ID  | USA     | 83440       |  |
| MEMBER   | ROBERT E MEREDITH | 36 PROFESSIONAL PLAZA  | REXBURG | ID  | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 10640</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Gary L Lovell<br>Name (type or print): Gary L Lovell<br>Date: 12/21/2012<br>Title: Md  |         |   |         |             |  |
| Processed 12/21/2012   |                   | * Electronically provided signatures are accepted as original signatures.  |         |   |         |             |  |