

No. W 747	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office 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 applicable MADISON WOMEN'S CLINIC P.L.L.C. MAX J CROUCH 15 MADISON PROFESSIONAL PARK REXBURG, ID 83440		MAX J CROUCH 15 MADISON PROFESSIONAL PAR REXBURG, ID 83440																			
4. Limited Liability Companies: Enter Names and Addresses of Members.			3. New Registered Agent Signature																			
<table border="1"> <thead> <tr> <th data-bbox="123 426 239 447"><u>Office held</u></th> <th data-bbox="282 426 343 447"><u>Name</u></th> <th data-bbox="527 419 741 440"><u>Street or P.O. Address</u></th> <th data-bbox="973 412 1016 433"><u>City</u></th> <th data-bbox="1147 412 1199 433"><u>State</u></th> <th data-bbox="1302 412 1340 433"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Max J. Crouch</td> <td>510 South 4th East</td> <td>Rex</td> <td>ID</td> <td>83440</td> </tr> <tr> <td></td> <td>Bruce C. Baston</td> <td>288 Nez Perce</td> <td>Rex</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Max J. Crouch	510 South 4th East	Rex	ID	83440		Bruce C. Baston	288 Nez Perce	Rex	ID	83440				
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5. Organized Under the Laws of: IDAHO W 747	6. Signature <u>Max J. Crouch</u> Name (Typed or Printed) <u>Max J. Crouch</u>		Date <u>12-10-01</u> Title <u>Partner</u>																			

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