

No. <b>W 6413</b>		<b>Due no later than Jun 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JACQUELINE M MAYBACH 333 N 1ST STE 240 BOISE ID 83702-6132			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WOMEN'S HEALTH ASSOCIATES, P.L.L.C. JACQUELINE M MAYBACH 333 N 1ST STE 240 BOISE ID 83702-6132 USA					
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	JACQUELINE M MAYBACH MD	333 N 1ST STE 240	BOISE	ID		83702	
MEMBER	SUZANNE R RICE MD	333 N 1ST STE 240	BOISE	ID		83702	
MEMBER	AILEEN M KING MD	333 N 1ST STE 240	BOISE	ID		83702	
MEMBER	MONIKA G FEALKO MD	333 N 1ST STE 240	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID W 6413</b>		6. Annual Report must be signed.* Signature: Barbara I Gregg Name (type or print): Barbara I Gregg		Date: 05/06/2015 Title: Administrator			
Processed 05/06/2015		* Electronically provided signatures are accepted as original signatures.					