

No. J 261		Due no later than Oct 31, 2006		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. WOMAN'S CLINIC, LLP BART W HARWOOD PO BOX 1271 BOISE ID 83701		ANTHONY SCHIRER 100 E IDAHO ST STE 400 BOISE ID 83712	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PARTNER	ROBERT W DAVIS, M.D., P.A.	333 N FIRST ST STE 150	BOISE	ID	83702
PARTNER	TIMOTHY A WEST MD PA	100 E IDAHO ST STE 400	BOISE	ID	83712
PARTNER	B KERRY LOWDER	100 E IDAHO ST STE 400	BOISE	ID	83712
PARTNER	JOHN M WERDEL MD PA	100 E IDAHO ST STE 400	BOISE	ID	83712
PARTNER	BRYAN F HODGES MD PA	100 E IDAHO ST STE 400	BOISE	ID	83712
PARTNER	NECOLE JAVERNICK HODGES MD PA	100 E IDAHO ST STE 400	BOISE	ID	83712
PARTNER	R BURKE ARCHIBALD MD PA	100 E IDAHO ST STE 400	BOISE	ID	83712
5. Organized Under the Laws of: IDAHO J 261		6. Annual Report must be signed.* Signature: Bart W. Harwood Name (type or print): Bart W. Harwood Date: 08/10/2006 Title: Corporate Attorney			
Processed 08/10/2006		* Electronically provided signatures are accepted as original signatures.			