

|  |                  |  |               |  |                     |
|--|------------------|--|---------------|--|---------------------|
| No. <b>W 100004</b>  |                  | <b>Due no later than Jan 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br>WOMANCARE MIDWIVES LLC<br>BARBARA RAWLINGS<br>7084 ASH ST<br>BONNERS FERRY ID 83805 |               | BARBARA RAWLINGS LM CPM<br>7084 ASH ST<br>BONNERS FERRY ID 83805 |                     |
|  |                  |  |               | 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   | BARBARA RAWLINGS | 7084 ASH ST.   | BONNERS FERRY | ID   | USA 83805           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 100004</b>  |                  | 6. Annual Report must be signed.*<br>Signature: Barbara Rawlings<br>Name (type or print): Barbara Rawlings<br>Date: 12/04/2016<br>Title: LM, DPM |               |  |                     |
| Processed 12/04/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |               |  |                     |