

No. J 789		Due no later than Aug 31, 2009		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		LEE W PARSONS 3520 E LOUISE DR MERIDAIN ID 83642			
		1. Mailing Address: Correct in this box if needed. PARTNERSHIP FOR IMPROVING WOMEN'S HEALTH, LLP ANTHONY J SCHIRER 100 E IDAHO ST STE 400 BOISE ID 83712-6267 USA		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	PHILLIP C AGRUSA MD	3520 E. LOUISE DR.	MERIDIAN	ID	USA	83642	
PARTNER	TIMOTHY A WEST MD	100 E. IDAHO ST. SUITE 400	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID J 789		Signature: Anthony J Schirer			Date: 06/09/2009		
		Name (type or print): Anthony J Schirer			Title: Administrator		
Processed 06/09/2009		* Electronically provided signatures are accepted as original signatures.					