No. J 789

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than August 31, 2007
Annual Report Form

1. Mailing Address : Correct in this box, if applicable

PARTNERSHIP FOR IMPROVING WOMEN'S H
100 E IDAHO ST STE 400
BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

LEE W PARSONS
3520 E LOUISE DR
MERIDAIN, ID 83642

3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held	Name	Street or P.O. Address	City	State	Zip
Partner	Lee W. Parsons, MD	3520 E Louise Dr	Meridian	ID	83642
Partner	Tim West, MD	100 E Idaho St, Ste 400,	Boise,	ID	83702

5. Organized Under the Laws of:
IDAHO
J 789

6. Signature Lee W. Parsons, MD Date 6-19-07
Name (Typed or Printed) Lee W Parsons, MD Title Partner

Issued 06/01/2007

Do Not Tape or Staple

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