



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED/EFFECTIVE

AUG 2 4 25 PM '01

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: PARTNERSHIP FOR IMPROVING WOMEN'S HEALTH, LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
The date it was filed with the Idaho Secretary of State's Office was: _____
3. The street address of the limited liability partnership's chief executive office is: 100 E. Idaho St., Suite 400, Boise, Idaho 83702
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 100 E. Idaho St., Suite 400, Boise, Idaho 83702
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Susan M. Marzolf

Typed Name Susan M. Marzolf, M.D.

/The Woman's Clinic

2) Phillip C. Agrusa

Typed Name Phillip C. Agrusa, M.D.

3) OB GYN Associates, PA

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/03/2001 05:00
CK: 24143 CT: 22597 BH: 411396
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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