

No. W 69597		Due no later than Dec 31, 2012		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. WOMEN'S HEALTH CARE, PLLC JAN WORKMAN 1215 MICHIGAN ST STE C SANDPOINT ID 83864 USA		CYNTHIA DALSING 1215 MICHIGAN ST SUITE C SANDPOINT ID 83864			
				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	CYNTHIA DAISING	1215 MICHAGAN ST STE C	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 69597		Signature: Jan Workman				Date: 10/15/2012	
		Name (type or print): Jan Workman				Title: Office Manager	
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.					