

No. <b>W 69597</b>		<b>Due no later than Dec 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CYNTHIA DAISING	Street or PO Address 1215 MICHAGAN ST STE C		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 69597</b>		6. Annual Report must be signed.*  Signature: Jan Workman Name (type or print): Jan Workman  Date: 10/15/2012 Title: Office Manager					
Processed 10/15/2012      * Electronically provided signatures are accepted as original signatures.							