

No. W 747

Annual Report Form
Due No Later Than November 30, 1995

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

1. Mailing Address - Please Correct If Not Correct

MADISON WOMEN'S CLINIC P.L.C.
MAX J CROUCH
15 MADISON PROFESSIONAL PARK

2. Registered Agent and Office **NOT A P.O. BOX**

MAX J CROUCH
15 MADISON PROFESSIONAL
REXBURG ID 83440

3. Organized Under the Laws of

REXBURG ID 83440

ID 747

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Member Max J. Crouch M.D. 510 Sc 4th E Rexburg ID 83440

Member Bruce C Barton M.D. 287 N. Pearce Rexburg ID 83440

5.

SIGNATURE OF CURRENT RA

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Max J. Crouch

Date

8-19-96

Name (Typed or
Printed)

Max J. Crouch

Title

Co-owner

ISSUED: 07-08-1996