

No. W 747

Annual Report Form

Due No Later Than November 30, 1996

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

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

MAX J. CROUCH
15 MADISON PROFESSIONAL

REXBURG ID 83440

3 Organized Under the Laws of

* FIRST NOTICE *

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 So 4th E

Rexburg

ID

83440

Member

Bruce C. Barton M.D.

288 N. Pierce

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

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