No. <b>W 117506</b>	Due no later than Sep 30, 2014	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		. RUDEEN MC	)		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF	1. Mailing Address: Correct in this box if needed.  WOMEN'S MEDICAL CLINIC EXPENSE SHARING ACCOUNT PLLC  KATHLEEN L. RUDEEN 6904 N SPURWING WAY MERIDIAN ID 83646-5177	MERIDIAN	6904 N SPURWING WAY MERIDIAN 83646-5177  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE	was and Addresses of at least one Marchan on Manager					
200 20 00 0	mes and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER RANDALL L.	RUDEEN 6904 N. SPURWING WAY	MERIDIAN	ID	USA	83646-5177	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Randall L. Rudeen		Date: 10/12/2014			
W 117506	Name (type or print): Randall L. Rudeen		Title: Member			
Processed 10/12/2014	* Electronically provided signatures are accepted as original s	ignatures.				