

No. W 34757

Due no later than November 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

DARREN W COLEMAN
630 ADDISON W #210
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MAGIC VALLEY WOMEN'S HEALTH CLINIC,
DARREN W COLEMAN
630 ADDISON W #210
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Darren W. Coleman, MD	630 Addison Ave. west, Ste. 210	Twin Falls	ID	83301
Member	E. Monte Crandall, MD	630 Addison Ave. west, Ste. 210	Twin Falls	ID	83301
Member	Marc T. Astin, MD	630 Addison Ave. west, Ste. 210	Twin Falls	ID	83301
Member	David C. Allen, MD	630 Addison Ave. west, Ste. 210	Twin Falls	ID	83301
Member	Donald E. Smith, MD	630 Addison Ave. west, Ste. 210	Twin Falls	ID	83301

5. Organized Under the Laws of:
IDAHO
W 34757

6.

Signature

Date 9-16-08

Name (Typed or Printed)

Darren Coleman

Title Member