No. W 6413		Due no later than Jun 30, 2018 Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX) JACQUELINE M MAYBACH 333 N 1ST STE 240 BOISE ID 83702-6132 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		d.				
		WOMEN'S HEALTH ASSOCIATES, P.L.L.C. JACQUELINE M MAYBACH 333 N 1ST STE 240 BOISE ID 83702-6132		3.				
NO FILING FEE IF RECEIVED BY DUE DATE		DOISE 1D 03702	0132		<u></u>	3.0.0 Ga 7.9 Gille Gi	g. 1444. C.	
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MEMBER	JACQUELINE	M MAYBACH MD	333 N 1ST STE 240		BOISE	ID		83702
MEMBER	SUZANNE R		333 N 1ST STE 240	-	BOISE	ID		83702
MEMBER	AILEEN M K		333 N 1ST STE 240	I	BOISE	ID		83702
MEMBER	monika g i	FEALKO MD	333 N 1ST STE 240	I	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Scott Tucker			Date: 05/08/2018			
W 6413		Name (type or print): Scott Tucker			Title: Administrator			
Processed 05/08/2018		* Electronically provid	ed signatures are accepted as origi	nal signati	ıres.			