

No. W 10640		Due no later than Dec 30, 2005		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TARGHEE WOMENS CLINIC, P.L.L.C. GARY L. LOVELL 36 PROFESSIONAL PLAZA STE 204 REXBURG ID 83440 0000		DR GARY L LOVELL 36 PROFESSIONAL PLAZA STE 204 REXBURG ID 83440 0000	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	GARY L LOVELL MD	36 PROFESSIONAL PLAZA STE 204	REXBURG	ID	83440
5. Organized Under the Laws of: IDAHO W 10640		6. Annual Report must be signed.* Signature: Gary L Lovell Name (type or print): Gary L Lovell Date: 10/17/2005 Title: MD			
Processed 10/17/2005		* Electronically provided signatures are accepted as original signatures.			