INSTRUCTIONS ON REVERSE SIDE

747

ISSUED: 09-06-1995

m To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

1. Mailing Address -- Please Correct If Not Correct

MADISON WOMEN'S CLINIC P.L.L.C.
MAX J CROUCH
15 MADISON PROFESSIONAL PARK
REXBURG ID 83440

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

MAX J CROUCH
15 MADISON PROFESSIONAL PARK
REXBURG ID 83440

3. Organized Under The Laws of

ID
NO: 747

4. Names and Addresses of ☐ Managers or ☑ Members (check one)

MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Max J. Crouch M.D.	510 So 4th E.	Rexburg	ID	83440
Bruce C. Barton M.D.	288 Nez Pierce	Rexburg	ID	83440

5. Signature of the Current Registered Agent (if changed in block 2)

Max J. Crouch

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 Victoria A Crouch Date 9/15/95

Name (Typed or Printed)