

No. W 747		Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MADISON WOMEN'S CLINIC P.L.L.C. JACQUELYN SPENCER 15 MADISON PROFESSIONAL PARK REXBURG ID 83440 USA		EDWARD E EVANS MD 15 MADISON PROFESSIONAL PARK REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOHN W ALLRED	716 AUTUMN DRIVE	REXBURG	ID	USA	83440	
MEMBER	EDWARD E EVANS	1158 HORIZON DR	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 747		6. Annual Report must be signed.* Signature: Jacquelyn Spencer Name (type or print): Jacquelyn Spencer					
		Date: 10/13/2015 Title: Practice Administrator					
Processed 10/13/2015 * Electronically provided signatures are accepted as original signatures.							