

No. W 747		Due no later than Dec 31, 2015		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		EDWARD E EVANS MD 15 MADISON PROFESSIONAL PARK REXBURG ID 83440			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MADISON WOMEN'S CLINIC P.L.L.C. JACQUELYN SPENCER 15 MADISON PROFESSIONAL PARK REXBURG ID 83440 USA					
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:		6. Annual Report must be signed.*					
ID W 747		Signature: Jacquelyn Spencer			Date: 10/13/2015		
		Name (type or print): Jacquelyn Spencer			Title: Practice Administrator		
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.					