

No. <b>W 10640</b>		<b>Due no later than Dec 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  TARGHEE WOMENS CLINIC, P.L.L.C. GARY L. LOVELL 37 SOUTH 2ND EAST, SUITE 200 REXBURG ID 83440		DR GARY L LOVELL 37 SOUTH 2ND EAST, SUITE 200 REXBURG ID 83440	
				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	37 SOUTH 2ND EAST, SUITE 200	REXBURG	ID	83440
MEMBER	ROBERT E MEREDITH	37 SOUTH 2ND EAST, SUITE 200	REXBURG	ID	83440
MEMBER	CAMERON CODD	37 SOUTH 2ND EAST, SUITE 20	REXBURG	ID	83440
5. Organized Under the Laws of:  <b>ID W 10640</b>		6. Annual Report must be signed.* Signature: Holly Miller Name (type or print): Holly Miller  Date: 11/03/2017 Title: Accounting			
Processed 11/03/2017		* Electronically provided signatures are accepted as original signatures.			