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ID number:	19871291699				
Entity name:	WOMEN'S HEALTH CARE OF WESTERN COLORADO, P.C.				
Jurisdiction under the law of which the entity was formed or registered:	Colorado				
1. Principal office street address:	2525 N 8TH ST (Street name and number)				
	GRAND JUNCTI	ON CO 8	31501		
	(City) (Province – if applica	$\frac{\overline{(State)}}{(Country - if the second sec$	(Postal/Zip Code) tates		
2. Principal office mailing address: (if different from above)	% Hirons Inc. Box 2026 (Street name and number or Post Office Box information)				
	Grand Junction		81502		
	(City)	United S			
	(Province - if applica)				
3. Registered agent name: (if an individual)	ELLINWOOD	WILLIAM	$-\frac{E.}{(Middle)}$ (Suffix)		
OR (if a business organization)	(Lusi)	(1151)	(muane) (Suffix)		

4. The person identified above as registered agent has consented to being so appointed.

5. Registered agent street address:	2525 N 8TH ST	TH ST		
	(Street name and number)			
	GRAND JUNCTION	СО	81501	
	(City)	(State)	(Postal/Zip Code)	
6. Registered agent mailing address:	% Hirons Inc- Box 2026			
(if different from above)	(Street name and number or Post Office Box information)			
	Grand Junction	СО	81502	
	(City)	United St	(Postal/Zip Code) tates	
	(Province – if applicable)	(Country – if	not US)	

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	Hirons	Robert E			
	(<i>Last</i>) P.O. Box 2026	(First)	(Middle) (Suffix)		
	(Street name and number or Post Office Box information)				
	Grand Junction	CO 81502			
	(City)	United States	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US))		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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