

No. <b>W 3532</b>		Due no later than Feb 28, 2018		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>  VALLEY MEDICAL CENTER, PLLC DAVID SCHLACTUS 2315 8TH ST LEWISTON ID 83501-7303		DAVID SCHLACTUS 2315 8TH ST LEWISTON ID 83501			
				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	CRAIG N AMBROSON	2315 8TH ST	LEWISTON	ID		83501	
MEMBER	MELANIE T EGGLESTON	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	BRIAN A HOFFMANN	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	NEIL WASHINGTON	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	TIMOTHY DYKSTRA	2315 8TH STREET	LEWISTON	ID	USA	83501	
MEMBER	DAVID PETERSEN	2315 8TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID W 3532</b>		6. Annual Report must be signed.* Signature: Helen Kenyon Name (type or print): Helen Kenyon Date: 01/31/2018 Title: Accountant					
Processed 01/31/2018		* Electronically provided signatures are accepted as original signatures.					