

No. <b>C 116124</b>	<b>Due no later than Aug 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  TREASURE VALLEY HEALTHNET, INC. KARL KEELER 1512 12TH AVE RD NAMPA ID 83686	DAVID R LOMBARDI 601 W BANNOCK BOISE ID 83702  3. <u>New</u> Registered Agent Signature: *				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	KARL KEELER	1512 12TH AVE RD C/O SAINT ALPHONSUS MED CENTER	NAMPA	ID	USA	83686
DIRECTOR	KARL KEELER	1512 12TH AVE RD C/O SAINT ALPHONSUS MED CENTER	NAMPA	ID	USA	83686
PRESIDENT	RANDALL PAGE	215 E. HAWAII C/O SALTZER MEDICAL GROUP	NAMPA	ID	USA	83686
DIRECTOR	RANDALL PAGE	215 E. HAWAII C/O SALTZER MEDICAL GROUP	NAMPA	ID	USA	83686
5. Organized Under the Laws of: <b>ID C 116124</b>	6. Annual Report must be signed.* Signature: Karl Keeler Name (type or print): Karl Keeler		Date: 08/31/2016 Title: Director			
Processed 08/31/2016		* Electronically provided signatures are accepted as original signatures.				