

No. <b>C 116124</b>	<b>Due no later than Aug 31, 2009</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>		DAVID R LOMBARDI 601 W BANNOCK BOISE ID 83702			
	TREASURE VALLEY HEALTHNET, INC. DAVID R LOMBARDI PO BOX 2720 BOISE ID 83701 USA		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	B. LANNIE CHECKETTS	1512 12TH AVE RD C/O MERCY MEDICAL CENTER	NAMPA	ID	USA	83686
DIRECTOR	B. LANNIE CHECKETTS	1512 12TH AVE RD C/O MERCY MEDICAL 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
DIRECTOR	JOSEPH A MESSMER	1512 12TH AVE RD C/O MERCY MEDICAL CENTER	NAMPA	ID	USA	83686
5. Organized Under the Laws of:  <b>ID C 116124</b>		6. Annual Report must be signed.* Signature: B. Lannie Checketts Name (type or print): B. Lannie Checketts  Date: 08/31/2009 Title: Director/Secretary				
Processed 08/31/2009		* Electronically provided signatures are accepted as original signatures.				