No. C 68708		Due no later than Dec 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY FAMILY HEALTH CARE, INC. 1441 NE 10TH AVE PAYETTE ID 83661		1441 NE 10T PAYETTE ID	TIMOTHY HEINZE 1441 NE 10TH AVE PAYETTE ID 83661 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		oss Addrossos of I	Procident Secretary and Directors Treat	curer (entional)				
Office Held	Name	ess Addresses of F	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR SECRETARY PRESIDENT	TIMOTHY HEINZE CARLOS HERNANDEZ HENRY HIXSON		1441 NE 10TH AVE 554 NE 6TH ST 1130 3RD AVE N	PAYETTE ONTARIO PAYETTE	ID OR ID	USA USA USA	83661 97914 83661-5420	
5. Organized Under the Laws of: ID C 68708		6. Annual Report must be signed.* Signature: Tim Heinze Name (type or print): Tim Heinze			Date: 10/26/2016 Title: CEO			
Processed 10/26/2016		* Electronically provided signatures are accepted as original signatures.						