

No. W 19315		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TREASURE VALLEY HEALTH INSURANCE, LLC CHERYL A CASE 2241 S PREAKNESS WAY NAMPA ID 83686 USA		GARY D CASE 2241 S PREAKNESS WAY NAMPA ID 83686			
				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	
MANAGER	CHERYL A CASE	2241 S PREAKNESS WAY	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 19315		6. Annual Report must be signed.* Signature: Cheryl Case Name (type or print): Cheryl Case Date: 04/03/2018 Title: Manager					
Processed 04/03/2018		* Electronically provided signatures are accepted as original signatures.					