

No. <b>W 19315</b>		<b>Due no later than May 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHERYL A CASE	Street or PO Address 2241 S PREAKNESS WAY		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of:  <b>ID</b> <b>W 19315</b>		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.							