

No. C 111260		Due no later than Jul 31, 2015		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. VALLEY HEALTH NETWORK, INC. CRYSTAL WATSON PO BOX 310 REXBURG ID 83440 USA		CRYSTAL WATSON 450 E MAIN ST REXBURG ID 83440		
				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	CRYSTAL WATSON	PO BOX 310	REXBURG	ID	USA	83440
DIRECTOR	RACHEL GONZALES	PO BOX 310	REXBURG	ID	USA	83440
DIRECTOR	TOM JONES	255 NORTH 3RD EAST	REXBURG	ID	USA	83440
DIRECTOR	DOUGLAS G COTTRELL	36 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440
DIRECTOR	JAY MCMASTER	30 MADISON PROFESSIONAL PARK	REXBURG	ID	USA	83440
DIRECTOR	ROBERT MEREDITH	37 SOUTH 2ND EAST	REXBURG	ID	USA	83440
PRESIDENT	TROY CHRISTENSEN	PO BOX 310	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 111260		6. Annual Report must be signed.* Signature: Crystal Watson Name (type or print): Crystal Watson Date: 06/05/2015 Title: Secretary				
Processed 06/05/2015		* Electronically provided signatures are accepted as original signatures.				