No. C 193314		Due no later than Jan 31, 2014			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. TETON VALLEY HEALTH CARE, INC. HERBERT HEIMERL 217 S MAIN ST VICTOR ID 83455			HERBERT HEIMERL 217 S MAIN ST VICTOR ID 83455 3. New Registered Agent Signature:*			
4. Corporations: Enter Names	s and Busine	ess Addresses of Presid	lent, Secretary, and Directors. Treasu	urer (opt	ional).			
Office Held N	ame		Street or PO Address	С	ity	State	Country	Postal Code
DIRECTOR S	TEPHEN E	DIETRICH	PO BOX 117	Т	ETONIA	ID	USA	83452
DIRECTOR BOB BENEDIO		CT	PO BOX 291	V.	ICTOR	ID	USA	83455
DIRECTOR AARON HAN		SEN	14460 N HWY 32	Т	ETONIA	ID	USA	83455
SECRETARY JANINE JOLL		ΕY	9290 OLD JACKSON HWY	V.	ICTOR	ID	USA	83455
DIRECTOR THOMAS SIN		MMONS	741 S HWY 33 STE B	V.	ICTOR	ID	USA	83455
DIRECTOR KE	KEITH GNAGEY		966 MILLER RANCH RD	D	RIGGS	ID	USA	83422
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 193314		Signature: Herbert Heimerl			Date: 03/13/2014			
		Name (type or print): Herbert Heimerl			Title: Attorney			
Processed 03/13/2014 * Electronically provided signatures are accepted as original signatures.								