

No. W 3532		Due no later than Feb 28, 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		MICHELLE A WEIR 2315 8TH ST LEWISTON ID 83501-7303			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		VALLEY MEDICAL CENTER, PLLC DAVID SCHLACTUS 2315 8TH ST LEWISTON ID 83501-7303					
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	CRAIG N AMBROSON	2315 8TH ST	LEWISTON	ID	USA	83501	
MEMBER	MELANIE T EGGLESTON	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	DAVID A PETERSEN	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	TIM J DYKSTRA	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	GLENN E JEFFERSON	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	BRIAN A HOFFMANN	2315 8TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 3532		6. Annual Report must be signed.* Signature: Helen Kenyon Name (type or print): Helen Kenyon		Date: 03/17/2014 Title: Finance Director			
Processed 03/17/2014		* Electronically provided signatures are accepted as original signatures.					