No. <b>C 58141</b>		Due no later than Apr 30, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		THE RESIDENCE OF A SECOND CONTRACTOR	JEWEL DILLON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WEST VALLEY MEDICAL AUXILIARY, INC. DAVID M GARBANI 1717 ARLINGTON AVENUE CALDWELL ID 83605		CALDWELL I	3206 ARLINGTON CALDWELL ID 83605  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses o	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SUSAN ROBINSON		1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800	
DIRECTOR	OR DEANIA FAVILLO		1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800	
SECRETARY BOBBIE BON		IAMINIO	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800	
TREASURER DAVID GARB			1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800	
DIRECTOR LETA BOATN		MAN	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800	
DIRECTOR	CTOR IONE SHELP		1717 ARLINGTON AVE.	NAMPA	ID	USA	83605-4800	
5. Organized Under the Laws of: 6. Annu		6. Annual Rep	ort must be signed.*					
ID C 58141		Signature: David M. Garbani			Date: 02/17/2011			
		Name (type or print): David M. Garbani			Title: Treasurer			
Processed 02/17/2011		* Electronically	provided signatures are accepted as original	l signatures.				