No. <b>W 79973</b>		Due no later than Dec 31, 2017		2. Register	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 MEDICAL LLC JASON A. MONKS 2065 E FAIRVIEW AVE MERIDIAN ID 83642-5798		2065 E	JASON A MONKS 2065 E FAIRVIEW AVE MERIDIAN ID 83642			
				3. <u>New</u> Re	3. New Registered Agent Signature:*			
4. Limited Liability Comp	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JASON A MONKS		2065 E FAIRVIEW AVE	MERIDIAI	N ID	USA	83642-5798	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 79973		Signature: JASON Monks		Da	Date: 11/01/2017			
		Name (type or print): JASON Monks		Ti	Title: Managing Member			
Processed 11/01/2017 * Electronically provided signatures are accepted as original signatures.								