

No. C 68708		Due no later than Dec 31, 2011		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 FAMILY HEALTH CARE, INC. BILL MOORE 1441 N.E. 10TH AVE PAYETTE ID 83661		BILL MOORE 1441 N.E. 10TH AVE PAYETTE ID 83661			
				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	
DIRECTOR	BILL MOORE	1441 N.E. 10TH AVE	PAYETTE	ID	USA	83661-5420	
5. Organized Under the Laws of: ID C 68708		6. Annual Report must be signed.* Signature: Bill Moore Name (type or print): Bill Moore Date: 10/17/2011 Title: Executive Director					
Processed 10/17/2011		* Electronically provided signatures are accepted as original signatures.					