

No. C 193314		Due no later than Jan 31, 2018		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 BOX 499 VICTOR ID 83455		HERBERT HEIMERL 217 S MAIN ST VICTOR ID 83455		
				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
TREASURER	AARON HANSEN	14460 N HWY 32	TETONIA	ID	USA	83455
PRESIDENT	KEITH GNAGEY	966 MILLER RANCH RD	DRIGGS	ID	USA	83422
VICE PRESIDENT	BOB WHIPPLE	3246 NORTH 1500 EAST	DRIGGS	ID	USA	83422
DIRECTOR	DUNCAN MOORE	2179 MILLER LANDING ROAD	TALLAHASSEE	FL	USA	82312
SECRETARY	GIL HUNDLEY	3750 FLINT DRIVE BOX 832	VICTOR	ID	USA	83455
DIRECTOR	MIKE WINE	6797 SHIRE RIDGE DR	VICTOR	ID	USA	83455
DIRECTOR	ALICE BONEY	4811 S 2000 E	VICTOR	ID	USA	83455
5. Organized Under the Laws of: ID C 193314		6. Annual Report must be signed.* Signature: herb heimerl Name (type or print): herb heimerl Date: 01/19/2018 Title: attorney				
Processed 01/19/2018		* Electronically provided signatures are accepted as original signatures.				