No. <b>W 104488</b>		Due no later than Jun 30, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TREASURE VALLEY FAMILY HEALTH CARE, LLC GREGORY S HOWARD 1055 N. ECHOHAWK WAY EAGLE ID 83616-5456 USA  TREASURE VALLEY FAMILY HEALTH CARE, LLC GREGORY S HOWARD 1055 N. ECHOHAWK WAY EAGLE ID 83616-5456 USA		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1055 N. EC	GREGORY S HOWARD 1055 N. ECHOHAWK WAY EAGLE ID 83616-5456			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar				3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	nes and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	EMBER LESA A HOWARD		1055 N. ECHOHAWK WAY 1055 N. ECHOHAWK WAY	EAGLE EAGLE	ID ID	USA USA	83616-5456 83616-5456	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 104488		Signature: G		Date: 05/04/2013				
Processed 05/04/2013		Name (type or print): Gregory S. Howard  * Electronically provided signatures are accepted as original signatures.						