

No. C 58141		Due no later than Apr 30, 2014		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. WEST VALLEY MEDICAL AUXILIARY, INC. DAVID M GARBANI 1717 ARLINGTON AVENUE CALDWELL ID 83605 USA		SHARON SELF 1717 ARLINGTON AVE CALDWELL ID 83605-4800		
				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
PRESIDENT	SHARON SEIF	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
DIRECTOR	SHARON ANDERSON	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
SECRETARY	BOBBIE BONAMINIO	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
TREASURER	DAVID GARBANI	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
DIRECTOR	MO THOMASON	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
DIRECTOR	ANNIE FLANDER	1717 ARLINGTON AVE.	CALDWELL	ID	USA	83605-4800
5. Organized Under the Laws of: ID C 58141		6. Annual Report must be signed.* Signature: David Garbani Name (type or print): David Garbani Date: 03/01/2014 Title: Treasurer				
Processed 03/01/2014		* Electronically provided signatures are accepted as original signatures.				