

|  |                       |  |  |   |             |                |                      |
|--|-----------------------|--|--|---|-------------|----------------|----------------------|
| No. <b>W 19315</b>   |                       | <b>Due no later than May 31, 2012</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TREASURE VALLEY HEALTH INSURANCE, LLC<br>CHERYL A CASE<br>917 2ND ST S<br>NAMPA ID 83651<br>USA |  | GARY D CASE<br>2241 S PREAKNESS WAY<br>NAMPA ID 83686 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                       |  |  | 3. <u>New</u> Registered Agent Signature:*            |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                       |  |  |   |             |                |                      |
| Office Held<br>MANAGER   | Name<br>CHERYL A CASE | Street or PO Address<br>2241 S PREAKNESS WAY   |  | City<br>NAMPA   | State<br>ID | Country<br>USA | Postal Code<br>83686 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 19315</b>                                 |                       | 6. Annual Report must be signed.*<br><br>Signature: Cheryl A Case<br>Name (type or print): Cheryl A Case<br><br>Date: 03/11/2012<br>Title: Manager               |  |   |             |                |                      |
| Processed 03/11/2012 * Electronically provided signatures are accepted as original signatures.     |                       |  |  |   |             |                |                      |