

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