

No. W 74162		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VALLEY HEALTH INSURANCE, LLC JEMELLE OTT 419 MAIN ST PO BOX 725 KAMIAH ID 83536		JEMELLE OTT 419 MAIN STREET KAMIAH ID 83536			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JEMELLE OTT	Street or PO Address PO BOX 725 120 HILL STREET		City KAMIAH	State ID	Country USA	Postal Code 83536
5. Organized Under the Laws of: ID W 74162		6. Annual Report must be signed.* Signature: Jemelle Ott Name (type or print): Jemelle Ott Date: 06/01/2011 Title: Owner					
Processed 06/01/2011 * Electronically provided signatures are accepted as original signatures.							