

No. W 74162		Due no later than May 31, 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. VALLEY HEALTH INSURANCE, LLC JEMELLE OTT 5855 N. SILVER PINE CT COEUR D'ALENE ID 83815		JEMELLE OTT 5855 N. SILVER PINE CT COEUR D'ALENE ID 83815	
				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	JEMELLE OTT	5855 N. SILVER PINE CT	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 74162		6. Annual Report must be signed.* Signature: Jemelle Ott Date: 05/28/2014 Name (type or print): Jemelle Ott Title: Owner			
Processed 05/28/2014		* Electronically provided signatures are accepted as original signatures.			