No. <b>C 116124</b>		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DAVID R LO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TREASURE VALLEY HEALTHNET, INC.  LANNIE CHECKETTS  1512 12TH AVE RD		601 W BANNOCK BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		USA		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
SECRETARY	B. LANNIE CHECKETTS		1512 12TH AVE RD C/O MERCY MEDICAL CENTER	NAMPA	ID	USA	83686
DIRECTOR	B. LANNIE C	HECKETTS	1512 12TH AVE RD C/O MERCY MEDICAL CENTER	NAMPA	ID	USA	83686
PRESIDENT	RANDALL PAGE		215 E. HAWAII C/O SALTZER MEDICAL GROUP	NAMPA	ID	USA	83686
DIRECTOR	RANDALL PAGE		215 E. HAWAII C/O SALTZER MEDICAL GROUP	NAMPA	ID	USA	83686
E Organized Under the L	aws of	6 Appual Bapart must	oo signed *				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 116124		Signature: Natalie Raynor Name (type or print): Natalie Raynor		Date: 06/11/2014 Title: Executive Assistant			
Processed 06/11/2014 * Electronically provided signatures are accepted as original signatures.							