·	The second of th	the state of the s
No. C 68708	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	BILL MOORE
450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	VALLEY FAMILY HEALTH CARE, INC. BILL MOORE 1441 N.E. 10TH AVE	1441 N.E. 10TH AVE PAYETTE, ID 83661
NO FILING FEE IF	PAYETTE, ID 83661	0.1
RECEIVED BY DUE DATE		3. New Registered Agent Signature
Office held Name Executive Director Biumo	Street or P.O. Address Street or P.O. Address City Paye	
		. *.
	t ditte i strange i Transport i strange	. To discuss the manager of the second
5. Organized Under the Laws of:	6.	
IDAHO C 68708	Signature S	Date 10/ 14/08
	Name (Typed or BILL MEURE	Title Executive Quecto
Issued 10/01/2008		
	Do Not Tape or Staple	200812000599