

No. W 102915		Due no later than Apr 30, 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		1. Mailing Address: Correct in this box if needed. VALLEY VIEW FAMILY MEDICAL PLLC ROBERT MENA 1100 N LINCOLN AVE JEROME ID 83338		J'LENE MENA 164 E 200 S JEROME ID 83338			
				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	JLENE MENA	164 EAST 200 SOUTH	JEROME	ID	USA	83338	
5. Organized Under the Laws of: ID W 102915		6. Annual Report must be signed.* Signature: Jlene Mena Name (type or print): Jlene Mena					
		Date: 02/20/2014 Title: Manager					
Processed 02/20/2014		* Electronically provided signatures are accepted as original signatures.					