

No. C 136520		Due no later than Nov 30, 2017		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. UPPER VALLEY COMMUNITY HEALTH SERVICES, INC. BRIAN T HADLOCK PO BOX 18 ST ANTHONY ID 83445		BRIAN T HADLOCK 20 N THIRD E ST ANTHONY ID 83445			
				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	
DIRECTOR	LETHA WHITMORE KOON	PO BOX 831	ST. ANTHONY	ID	USA	83445	
DIRECTOR	BRYAN HARRIS HARRIS	PO BOX 444	SUGAR CITY	ID	USA	83448	
TREASURER	BRAD REED	124 E MAIN	REXBURG	ID	USA	83440	
PRESIDENT	RANDY ROSE	PO BOX 406	ST. ANTHONY	ID	USA	83445	
VICE PRESIDENT	RICHARD LAW	640 W 1ST NORTH	ST ANTHONY	ID	USA	83445	
DIRECTOR	MARLYS NICOLETTI	PO BOX 877	ASHTON	ID	USA	83420	
SECRETARY	DONNA SADECKI	PO BOX 861	ASHTON	ID	USA	83420	
DIRECTOR	RON PENA	656 STONEBRIDGE	REXBURG	ID	USA	83440	
DIRECTOR	CAROL RASMUSSEN	PO BOX 695	ASHTON	ID	USA	83420	
5. Organized Under the Laws of: ID C 136520		6. Annual Report must be signed.* Signature: Brian Hadlock Name (type or print): Brian Hadlock Date: 10/16/2017 Title: CEO					
Processed 10/16/2017		* Electronically provided signatures are accepted as original signatures.					