

No. W 3532		Due no later than Feb 28, 2010		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 MEDICAL CENTER, PLLC MICHELLE A WIER 2315 8TH ST LEWISTON ID 83501-7303		MICHELLE A WEIR 2315 8TH ST LEWISTON ID 83501-7303			
				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	
MEMBER	MELANIE T EGGLESTON	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	DAVID A PETERSEN	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	SCOTT A GARDNER	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	SHERRY D STOUTIN	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	CRAIG N AMBROSON	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
MEMBER	GENEEN E BIGSBY	2315 8TH STREET	LEWISTON	ID	USA	83501-7303	
5. Organized Under the Laws of: ID W 3532		6. Annual Report must be signed.* Signature: Donna M. Ernsdorff Name (type or print): Donna M. Ernsdorff Date: 01/22/2010 Title: Dir. of Administrative Service					
Processed 01/22/2010		* Electronically provided signatures are accepted as original signatures.					