

No. W 74162		Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VALLEY HEALTH INSURANCE, LLC JEMELLE OTT 747 RIDGEWOOD DRIVE KAMIAH ID 83536		JEMELLE OTT 747 RIDGEWOOD DRIVE KAMIAH ID 83536			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JEMELLE OTT	Street or PO Address 1625 13TH STREET		City CLARKSTON	State WA	Country	Postal Code 99403
5. Organized Under the Laws of: ID W 74162		6. Annual Report must be signed.* Signature: Jemelle Ott Name (type or print): Jemelle Ott Date: 07/25/2016 Title: manager					
Processed 07/25/2016 * Electronically provided signatures are accepted as original signatures.							