

No. C 102824		Due no later than Jul 31, 2011		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		FRANCILEE HOMER 322 WEBSTER ST MONTPELIER ID 83254			
		1. Mailing Address: Correct in this box if needed. VALLEY HOME OXYGEN CO. LEANDRA S OLSON 762 WASHINGTON MONTPELIER ID 83254		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	LEANDRA S OLSON	245 S 9TH	MONTPELIER	ID	USA	83254	
DIRECTOR	HAROLD A OLSON	245 S 9TH	MONTPELIER	ID	USA	83254	
5. Organized Under the Laws of: ID C 102824		6. Annual Report must be signed.* Signature: Leandra Olson Name (type or print): Leandra Olson					
Date: 05/18/2011		Title: Owner					
Processed 05/18/2011		* Electronically provided signatures are accepted as original signatures.					