

No. W 74162

Due no later than May 31, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

VALLEY HEALTH INSURANCE, LLC
~~CAROL LYONS LANGSTON~~ *Jemelle Ott*
~~PO BOX 1377~~ *PO Box 725 / 306 Main St.*
KAMIAH, ID 83536JEMELLE OTT
414 S TIMBER LN
POST FALLS, ID 83854NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

Jemelle Ott

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
<i>owner</i>	<i>Jemelle Ott</i>	<i>PO Box 725 / 306 Main St</i>	<i>Kamiah</i>	<i>ID</i>	<i>83536</i>

5. Organized Under the Laws of:

IDAHO
W 74162

6.

Signature

Jemelle Ott

Date

5-26-09

Name (Typed or Printed)

Jemelle Ott

Title

owner