No. C 68708

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

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than December 31, 2007
Annual Report Form

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

VALLEY FAMILY HEALTH CARE, INC.
~~HUGH PHILLIPS~~ Bill Moore
1441 N.E. 10TH AVE
PAYETTE, ID 83661

2. Registered Agent and Office NO PO BOX

~~HUGH PHILLIPS~~ BILL MOORE
1441 N.E. 10TH AVE
PAYETTE, ID 83661

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
CHAIRPERSON	KAREN SANDS	P.O. BOX 880	PAYETTE	ID	83661
VICE-CHAIR	ROBERT BAROWSKY	P.O. BOX 79	FRUITLAND	ID	83619
SEC/TREAS	LARRY BUTLER	1531 S MAIN	PAYETTE	ID	83661
	CARLOS HERNANDEZ	606 N 2ND	NYSSA	OR	97913
	LOGAN HAMILTON	555 I ST W	VALE	OR	97918
	JONI DELGADO	4829 ELDERBERRY LN	ONTARIO	OR	97914
	RANDY HOWLAND	110 S 21ST ST	PAYETTE	ID	83661
	ROGER VAN ZELF	744 COLUMBIA AVE	NYSSA	OR	97913
	SANDI NUTTYCOMBE	2100 HWY 52	PAYETTE	ID	83661
	LUPE MCKEE	2131 LOCUST WAY	FRUITLAND	ID	83619

5. Organized Under the Laws of:
IDAHO
C 68708

6.
Signature _____ Date 12/3/2007
Name (Typed or Printed) BILL MOORE Title EXEC. DIRECTOR

Issued 10/01/2007

Do Not Tape or Staple

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