

No. C 68708	Due no later than Dec 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. VALLEY FAMILY HEALTH CARE, INC. 1441 NE 10TH AVE PAYETTE ID 83661	CAROLYN WESNER 1441 NE 10TH AVE PAYETTE ID 83661	
		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	CAROLYN WESNER	1441 N.E. 10TH AVE	PAYETTE ID USA 83661-5420
5. Organized Under the Laws of: ID C 68708	6. Annual Report must be signed.* Signature: Carolyn Wesner Name (type or print): Carolyn Wesner		Date: 01/15/2016 Title: Interim CEO
Processed 01/15/2016		* Electronically provided signatures are accepted as original signatures.	