

No. <b>C 68708</b>		<b>Due no later than Dec 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID C 68708</b>		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.					