No. <b>C 163180</b>		Due no later than Oct 31, 2011 Annual Report Form  1. Mailing Address: Correct in this box if needed.  VALLEYVIEW RECOVERY, PA CHERYL M. MORTON 109 S. MILL ST.		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				109 S. MILL S	CHERYL M MORTON 109 S. MILL ST. GRANGEVILLE ID 83530			
NO FILING FEE IF RECEIVED BY DUE DATE		GRANGEVILLE ID 83530 3. Ne ess Addresses of President, Secretary, and Directors. Treasurer (option			. <u>New</u> Registered Agent Signature:*			
Office Held	Name	ess Addresses of	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DIRECTOR	CHERYL M MORTON CAROL Y HOWE		1394 SYCAMORE 214 EASR NORTH STREET	CLARKSTON GRANGEVILLE	WA ID	USA USA	99403 83530	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ch		Date: 11/07/2011				
C 163180		Name (type o		Title: President				
Processed 11/07/2011 * Electronically provided signatures are accepted as original signatures.								