No. C 68708 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Di	ue no later than Dec 31, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY FAMILY HEALTH CARE, INC. 1441 NE 10TH AVE PAYETTE ID 83661		1441 NE 10T PAYETTE ID	TIMOTHY HEINZE 1441 NE 10TH AVE PAYETTE ID 83661 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	HENRY HIXSON		1130 3RD AVE N	PAYETTE	ID	USA	83661-5420	
DIRECTOR TIMOTHY HE		EINZE	1441 NE 10TH AVE	PAYETTE	ID	USA	83661	
SECRETARY	CARLOS HERNANDEZ		554 NE 6TH ST	ONTARIO	OR	USA	97914	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 68708		Signature: Timothy S. Heinze Date: 11/13/2017						
		Name (type or print): Timothy S. Heinze			Title: CEO			
Processed 11/13/2017		* Electronically p	provided signatures are accepted as origina	l signatures.				