

No. <b>C 193314</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</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>  TETON VALLEY HEALTH CARE, INC. HERBERT HEIMERL BOX 499 VICTOR ID 83455		HERBERT HEIMERL 217 S MAIN ST VICTOR ID 83455			
						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	BOB WHIPPLE	3246 NORTH 1500 EAST	DRIGGS	ID	USA	83422	
DIRECTOR	DUNCAN MOORE	2179 MILLER LANDING ROAD	TALLAHASSEE	FL	USA	82312	
SECRETARY	GIL HUNDLEY	3750 FLINT DRIVE BOX 832	VICTOR	ID	USA	83455	
DIRECTOR	STEPHEN E DIETRICH	PO BOX 117	TETONIA	ID	USA	83452	
DIRECTOR	BOB BENEDICT	PO BOX 291	VICTOR	ID	USA	83455	
DIRECTOR	AARON HANSEN	14460 N HWY 32	TETONIA	ID	USA	83455	
PRESIDENT	KEITH GNAGEY	966 MILLER RANCH RD	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of:  <b>ID</b> <b>C 193314</b>		6. Annual Report must be signed.*  Signature: Herbert Heimerl Name (type or print): Herbert Heimerl					
		Date: 12/03/2015 Title: attorney/general counsel					
Processed 12/03/2015      * Electronically provided signatures are accepted as original signatures.							