

No. W 19315		Due no later than May 31, 2011 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		1. Mailing Address: Correct in this box if needed. TREASURE VALLEY HEALTH INSURANCE, LLC CHERYL A CASE 917 2ND ST S NAMPA ID 83651 USA		GARY D CASE 2241 S PREAKNESS WAY NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHERYL A CASE	Street or PO Address 2241 S PREAKNESS WAY		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 19315		6. Annual Report must be signed.* Signature: Cheryl Case Name (type or print): Cheryl Case Date: 03/19/2011 Title: Manager					
Processed 03/19/2011 * Electronically provided signatures are accepted as original signatures.							