

No. <b>W 102915</b>	<b>Due no later than Apr 30, 2012</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>  VALLEY VIEW FAMILY MEDICAL PLLC ROBERT MENA 1100 N LINCOLN AVE JEROME ID 83338	J'LENE MENA 164 E 200 S JEROME ID 83338				
		3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JLENE MENA	164 EAST 200 SOUTH	JEROME	ID	USA	83338
5. Organized Under the Laws of:  <b>ID</b> <b>W 102915</b>	6. Annual Report must be signed.* Signature: Jlene Mena Name (type or print): Jlene Mena Date: 05/07/2012 Title: Manager					
Processed 05/07/2012		* Electronically provided signatures are accepted as original signatures.				