

No. C 111260		Due no later than Jul 31, 2009		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY HEALTH NETWORK, INC. GREGORY D HEXEM PO BOX 310 REXBURG ID 83440		CECIL K RICKS 450 E MAIN ST REXBURG ID 83440		
				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	HANS REDD	BYU-I STUDENT HEALTH BLDG	REXBURG	ID	USA	83440
SECRETARY	DOUGLAS COTTRELL	36 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440
TREASURER	CECIL RICKS	PB BOX 310	REXBURG	ID	USA	83440
DIRECTOR	JAY D MCMASTER	30 MADISON PROF PARK	REXBURG	ID	USA	83440
DIRECTOR	DAVID ROWE	PO BOX 310	REXBURG	ID	USA	83440
PRESIDENT	GREGORY D HEXEM	PO BOX 310	REXBURG	ID	USA	83440
DIRECTOR	BRUCE C BARTON, MD	15 MADISON PROF PARK	REXBURG	ID	USA	83440
DIRECTOR	TOM JONES	32 W 1ST S	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 111260		6. Annual Report must be signed.* Signature: Gregory D. Hexem Name (type or print): Gregory D. Hexem Date: 07/13/2009 Title: President				
Processed 07/13/2009		* Electronically provided signatures are accepted as original signatures.				