

No. C 116124		Due no later than Aug 31, 2017		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		DAVID R LOMBARDI 601 W BANNOCK BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TREASURE VALLEY HEALTHNET, INC. KARL KEELER 4300 E FLAMINGO AVENUE NAMPA ID 83687 USA					
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	
SECRETARY	KARL KEELER	4300 E FLAMINGO AVENUE C/O SAINT ALPHONSUS MED CENTER	NAMPA	ID	USA	83687	
DIRECTOR	KARL KEELER	4300 E FLAMINGO AVENUE C/O SAINT ALPHONSUS MED CENTER	NAMPA	ID	USA	83687	
PRESIDENT	RANDALL PAGE	215 E. HAWAII C/O SALTZER MEDICAL GROUP	NAMPA	ID	USA	83686	
DIRECTOR	RANDALL PAGE	215 E. HAWAII C/O SALTZER MEDICAL GROUP	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 116124		6. Annual Report must be signed.* Signature: Karl Keeler Name (type or print): Karl Keeler					
						Date: 10/27/2017 Title: Director	
Processed 10/27/2017		* Electronically provided signatures are accepted as original signatures.					