

No. **W 19315**Due no later than **May 31, 2006**

## Annual Report Form

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TREASURE VALLEY HEALTH INSURANCE, L  
917 2ND ST S  
NAMPA, ID 836512. Registered Agent and Office **NO PO BOX**

GARY D CASE

603 FLETCHER DR

NAMPA, ID 83686

2241 S

Preakness  
way

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

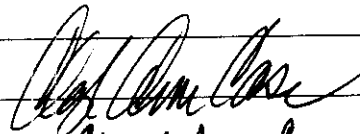
Office held	Name	Street or P.O. Address	City	State	Zip
Mgr	Cheryl Case	917 2nd St S	Nampa	ID	83651
Owner	Gary Case	↓	↓	↓	↓
Owner	W W Deal III	↓	↓	↓	↓
Owner	Verlann Nobles	↓	↓	↓	↓

5. Organized Under the Laws of:

IDAHO  
W 19315

6.

Signature

Date **3/7/06**

Name (Typed or Printed)

Cheryl Anne Case

Title

manager

Issued 03/01/2006

Do Not Tape or Staple

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