

No. W 74162		Due no later than May 31, 2012		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 INSURANCE, LLC JEMELLE OTT 419 MAIN ST PO BOX 725 KAMIAH ID 83536		JEMELLE OTT 419 MAIN STREET KAMIAH ID 83536	
				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	JEMELLE OTT	414 S TIMBER LN	POST FALLS	ID	USA 83854
5. Organized Under the Laws of: ID W 74162		6. Annual Report must be signed.* Signature: Jemelle Ott Name (type or print): Jemelle Ott Date: 03/14/2012 Title: Owner/manager			
Processed 03/14/2012		* Electronically provided signatures are accepted as original signatures.			