

<b>No. W 13694</b>	<b>Due no later than December 31, 2003</b> <small>Annual Report Form</small>	2. Registered Agent and Office <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>	1. Mailing Address. Correct in this box, if applicable.  MAGIC HEALTHCARE PROVIDERS, L.L.C.  PO BOX 1293  TWIN FALLS, ID 83303	JOHN KEE 650 ADDISON AVE WEST  TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>John Kee</td> <td>P.O. Box 1293</td> <td>Twin Falls</td> <td>ID</td> <td>83303-1293</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managing Member	John Kee	P.O. Box 1293	Twin Falls	ID	83303-1293
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Managing Member	John Kee	P.O. Box 1293	Twin Falls	ID	83303-1293									
5. Organized Under the Laws of:  IDAHO W 13694	6. Signature <u><i>John Kee</i></u> Date <u>10-13-2003</u> Name <small>(Typed or Printed)</small> <u>John Kee</u> Title <u>CEO</u>													