

No. W 7211		Due no later than Oct 31, 2014		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. MAGIC HEALTH PARTNERS, L.L.C. CHRISTINE NEUHOFF 801 POLE LINE RD. W TWIN FALLS ID 83301		CHRISTINE NEUHOFF 801 POLE LINE RD W TWIN FALLS 83301	
				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
MEMBER	ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD	PO BOX 409	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 7211		6. Annual Report must be signed.* Signature: Carol A. Wilmes Name (type or print): Carol A. Wilmes Date: 10/24/2014 Title: Exec. Assistant			
Processed 10/24/2014		* Electronically provided signatures are accepted as original signatures.			