


No. W 17236	Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable		G KENT TAYLOR 401 2ND ST N STE 201 TWIN FALLS, ID 83301	
	MAGIC HEALTH SYSTEMS, L.L.C. PO BOX 1901 TWIN FALLS, ID 83303 1901		3. <u>New</u> Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
Manager	Magic Valley Regional Medical Center	P.O. Box 409	Twin Falls	ID 83303-0409
5. Organized Under the Laws of: IDAHO W 17236		6. Signature <u></u> Date <u>10-3-05</u> Name (Typed or Printed) <u>John Kee</u> Title <u>CEO of Magic Valley Regional Medical Center</u>		

Issued 09/01/2005

Do Not Tape or Staple

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