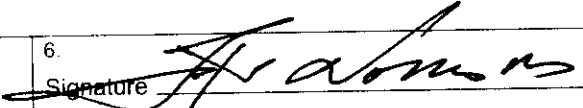


No. W 7630	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX TIMOTHY NORRIS 3138 BOEHM ESTATES DR TWIN FALLS, ID 83301		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address <small>Correct in this box if applicable</small> MAGIC VALLEY ANESTHESIOLOGY ASSOCIA TIMOTHY NORRIS 1646 ELDRIDGE AVE TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature		
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Timothy Norris, MD	Box 1170	Twin Falls	ID	83303
Member	Thomas Ashby, MD	759 Rimview Lane	Twin Falls	ID	83301
Member	R David Wells, MD	689 Briarcliff	Twin Falls	ID	83301
Member	Robert Meyer, MD	3563 N 2700 E	Twin Falls	ID	83301
Member	Ron McGarrigle, MD	1098 Mountainview	Twin Falls	ID	83301
Member	Bruce Cerny, MD	456 Hankins Rd	Twin Falls	ID	83301
Member	Richard Bass, MD	Box 3970	Ketchum	ID	83340
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 7630</div>		6.  Signature _____ Date <u>10/20/03</u> <small>(Typed or Printed Name)</small> <u>Timothy Norris, M.D.</u> Title <u>Manager</u>			