FILED EFFECTIVE

# ARTICLES OF ORGANIZATION
# LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 MAR -4 AM 11:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

   Magic Health Delivery, L.L.C.

2. The street address of the initial registered office is:

   650 Addison Avenue West, Twin Falls, Idaho 83301

   and the name of the initial registered agent at the above address is:

   John Kee

3. The mailing address for future correspondence is:

   P.O. Box 409, Twin Falls, Idaho, 83303-0409

4. Management of the limited liability company will be vested in:

   Manager(s) ☐ or Member(s) ☑ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

| Name | Address |
|---|---|
| Magic Valley Regional Medical Center | P.O. Box 409<br>Twin Falls, ID 83303-0409 |
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6. Signature of at least one person responsible for forming the limited liability company:

   Signature: John Kee
   Typed Name: John Kee
   Capacity: Member

   Signature
   Typed Name:
   Capacity:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2005 05:00
CK: 12773 CT: 153581 BH: 796547
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