

No. W 7630

Due no later than Dec 31, 2000

Annual Report Form

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 - Check in this box, if applicable

MAGIC VALLEY ANESTHESIOLOGY ASSOCIA

TIMOTHY NORRIS

3138 BOEHM ESTATES DR

TWIN FALLS, ID 83301

1646 Eldridge Ave

TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

TIMOTHY NORRIS

3138 BOEHM ESTATES DR

TWIN FALLS, ID 83301

3. New Registered Agent Signature

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>
TIMOTHY J NORRIS, MD		Box 1170	TWIN FALLS	ID	83303
R David Wells, MD		689 BRIARCLIFF DR	TWIN FALLS	ID	83301
THOMAS C ASHBY, MD		1059 PINEWOOD CIR	TWIN FALLS	ID	83301
STEVEN C FUNK, MD		BOX 1657	TWIN FALLS	ID	83303
ROBERT MEYER, MD		3563 N 2700 E	TWIN FALLS	ID	83301

5. Organized Under the Laws of:

IDAHO  
W 7630

6.

Signature

Name (Typed or  
Printed)

TIMOTHY J NORRIS, M.D.

Date 10-17-2000

Title: Managing Partner

Issued 10/02/2000

**Do Not Tape or Staple**

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