No. W 7211	Due no later than October 31, 2004 Annual Report Form  1. Mailing Address - Correct in this box if applicable  MAGIC HEALTH PARTNERS, L.L.C. G KENT TAYLOR 401 SECOND ST N TWIN FALLS, ID 83301		2. Registered Agent and Office NO PO BOX  G KENT TAYLOR 401 SECOND ST N TWIN FALLS, ID 83301	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				
NO FILING FEE IF RECEIVED BY DUE DATE	TWINT ALES, ID 65557		3. New Register	ed Agent Signature
4. Limited Liability Companies	: Enter Names and Addresses of M	anagers.		
Office held Name	Street or P.O. Address	City	Stat	te <u>Zip</u>
Mem ber/ Magic Valley Manager Medical Cent	Regional 650 Addison er	Ave W T	vin Falls	ID 83301
Member/ St. Luke's R Manager Medical Cent	-	ock B	oise	ID 83712
5. Organized Under the Laws of:	6. Mg.	<i>W</i> -		01 101
IDAHO W 7211	Signature Kee		Date	8/ /04 C.E.O of Magic
	Name Profited John Kee		Title	Valley Regional
Issued 08/02/2004	Do Not Tape or Sta	ole	;	Medical Center 20041000246