

No. C 87079	Due no later than Jul 31, 2003 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. <i>Correct in this box, if applicable</i> MAGIC VALLEY REGIONAL MEDICAL CENTE LORAIN DEVEY P O BOX 409 TWIN FALLS, ID 83303	LORAIN DEVEY 650 ADDISON AVENUE WEST TWIN FALLS, ID 83303			
		3. <u>New</u> Registered Agent Signature			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Director	Lorraine Devey	P.O. Box 409	TWIN FALLS	ID	83303
President	Ron EVERSole	P.O. Box 409	TWIN FALLS	ID	83303
Secretary	DOLLIE Louder	P.O. Box 409	TWIN FALLS	ID	83303
5. Organized Under the Laws of: IDAHO C 87079		6. Signature <u>Lorraine Devey</u> Date <u>Aug 6, 2003</u> Name <small>(Typed or Printed)</small> <u>Lorraine Devey</u> Title <u>DIRECTOR</u>			