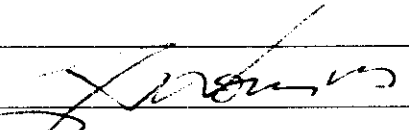


<b>No. W 7630</b>	<b>Due no later than December 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> TIMOTHY NORRIS 3138 BOEHM ESTATES DR TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable MAGIC VALLEY ANESTHESIOLOGY ASSOCIA TIMOTHY NORRIS 1646 ELDRIDGE AVE TWIN FALLS, ID 83301		3. <u>New</u> 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>
Manager	Timothy Norris MD	3138 Boehm Estates	Twin Falls, ID 83301
	David Wells MD	689 Briarcliff	Twin Falls, ID 83301
	Thomas Ashby MD	1059 Pinewood Cir	Twin Falls, ID 83301
	Robert Meyer MD	3563 N 2700 E	Twin Falls, ID 83301
	Ron McGarrigle MD	1095 Mountainview Dr	Twin Falls, ID 83301
	Richard Bass MD	Box 3970	Sun Valley, ID 83333
	Al Trearse MD	808 Coatsville Ave	Salt Lake City, UT 84105
5. Organized Under the Laws of: IDAHO W 7630		6. Signature  Date <u>11/28/05</u> Name (Typed or Printed) <u>Timothy Norris, MD</u> Title <u>Manager</u>	

Issued 10/03/2005

Do Not Tape or Staple

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