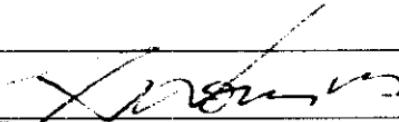


No. W 7630	Due no later than December 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable MAGIC VALLEY ANESTHESIOLOGY ASSOCIA TIMOTHY NORRIS 1646 ELDRIDGE AVE TWIN FALLS, ID 83301	TIMOTHY NORRIS 3138 BOEHM ESTATES DR TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE		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  Name <small>(Typed or Printed)</small> Timothy Norris, MD	Date 11/28/05
		Title Manager

Issued 10/03/2005

Do Not Tape or Staple

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