

No. **W 7630**

Due no later than December 31, 2004
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. 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>
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 Circle	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
	Bruce Cerny, MD	436 Hankins Road No	Twin Falls,	ID	83301
	Richard Bass, MD	Box 3970	Sun Valley,	ID	83301
	Al Trearse, MD	808 Coatsville Ave	Salt Lake City,	UT	84105

5. Organized Under the Laws of:

IDAHO
W 7630

6.

Signature

Date

(Typed or
Name Printed)

Timothy Norris, MD

Title

Managing Partner