

No. W 13694

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

~~JOHN KEE~~ MARK SCHWARTZ
650 ADDISON AVE WEST
TWIN FALLS, ID 83301

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MAGIC HEALTHCARE PROVIDERS, L.L.C.
PO BOX 1293
TWIN FALLS, ID 83303

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	Mark Schwartz	PO Box 1293	Twin Falls	ID	83303-1293

5. Organized Under the Laws of:
IDAHO
W 13694

6. Signature Mark Schwartz Date 10/10/07
Name (Typed or Printed) Mark Schwartz Title CEO

Issued 10/01/2007

Do Not Tape or Staple

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