



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE

NO DEC 11 AM 8:56  
CLERK OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is: Magic Health Providers, L.L.C.
2. The address of the initial registered office is: 650 Addison Avenue West,  
Twin Falls, Idaho 83301 and the name of the initial registered agent at that address is: John Kee
3. The mailing address for future correspondence: P.O. Box 409, Twin Falls, Idaho 83303-0409

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Magic Valley Regional Medical Cnt.

650 Addison Ave W Twin Falls ID 83301

6. Signature of at least one person responsible for forming the limited liability company:

John Kee

John Kee, C.O.O of Magic Valley Regional  
Medical Center

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2000 09:00  
CK: 1329 CT: 124921 BH: 365070

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