

No. W 7211		Due no later than Oct 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		ANNE TAYLOR PITTS 450 FALLS AVE #201 TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MAGIC HEALTH PARTNERS, L.L.C. ANNE S TAYLOR PITTS 450 FALLS AVE #201 TWIN FALLS ID 83301					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD	PO BOX 409	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 7211		Signature: Anne Taylor Pitts			Date: 11/04/2013		
		Name (type or print): Anne Taylor Pitts			Title: Registered Agent		
Processed 11/04/2013		* Electronically provided signatures are accepted as original signatures.					