

No. W 7211

Due no later than October 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

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 HEALTH PARTNERS, L.L.C.
ANNE S TAYLOR PITTS
450 FALLS AVE #201
TWIN FALLS, ID 83301ANNE TAYLOR PITTS
450 FALLS AVE #201
TWIN FALLS, ID 83301NO FILING FEE IF
RECEIVED BY DUE DATE3. 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>
Member/ Manager	St. Luke's Magic Valley Regional Medical Center, Ltd.	650 Addison Ave. West	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 7211

6.

Signature



Date

8/10/07

Name

(Typed or
Printed)

Mark Schwartz

Title

CEO of Member

Issued 08/02/2007

Do Not Tape or Staple

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