

No. W 7630

Due no later than December 31, 2006 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	4127 Creekview Dr	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
	Richard Bass MD	Box 3970	Sun Valley	ID	83333
	Al Trearse MD	808 Coatsville Ave	Salt Lake City	UT	84105

5. Organized Under the Laws of:

IDAHO
W 7630

6.

Signature

Name (Typed or Printed)

Timothy Norris, MD

Date

Manager

Title

Issued 10/02/2006

Do Not Tape or Staple

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