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| No. W 7211 | | Due no later than Oct 31, 2009 | | 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 | | 1. Mailing Address: Correct in this box if needed. MAGIC HEALTH PARTNERS, L.L.C. ANNE S TAYLOR PITTS 450 FALLS AVE #201 TWIN FALLS ID 83301 | | ANNE TAYLOR PITTS 450 FALLS AVE #201 TWIN FALLS ID 83301 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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: ID W 7211 | | 6. Annual Report must be signed.* Signature: Mark A Schwartz Name (type or print): Mark A Schwartz Date: 09/02/2009 Title: CEO of Member | | | | | |
| Processed 09/02/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |