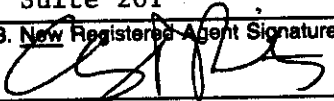
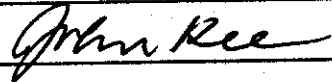


No. <b>W 37333</b>	<b>Due no later than March 31, 2007</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b> <b>JOHN KEE Anne Tavlör Pitts</b> <b>650 ADDISON AVE W</b> <b>TWIN FALLS, ID 83301</b> <b>450 Falls Avenue</b> <b>Suite 201</b>
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  <b>MAGIC HEALTH DELIVERY, L.L.C.</b> <b>PO BOX 409</b> <b>TWIN FALLS, ID</b>	<b>3. New Registered Agent Signature</b> 
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		

**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	St. Luke's Magic Valley Regional Medical Center, Ltd.	P.O. Box 409	Twin Falls	ID	83303

**5. Organized Under the Laws of:**  
**IDAHO**  
**W 37333**

**6.**  
Signature  Date **1/31/07**  
Name (Typed or Printed) **John Kee** Title **CEO of Member**