


REINSTATEMENT

No. W 30027	Annual Report Form ADMIN DISSOLVED 07/06/2006		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable		JOHN KEE 650 ADDISON AVE W TWIN FALLS, ID 83301													
	MAGIC VALLEY PARAMEDICS, L.L.C. PO BOX 409 TWIN FALLS, ID 83303															
3. New registered agent signature 																
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>St. Luke's Magic Valley Regional Medical Center, Ltd.</td> <td>650 Addison Avenue West</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<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.	650 Addison Avenue West	Twin Falls	ID	83301
<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.	650 Addison Avenue West	Twin Falls	ID	83301											
5. Organized under the laws of: IDAHO W 30027		6. Signature  Name (Typed or Printed) <u>John Kee</u>			Date <u>1/18/07</u> Title <u>CEO</u> Member											

2007 JAN 19 PM 3:18
 SECRETARY OF STATE
 STATE OF IDAHO

Issued 12/27/2006 by NLB