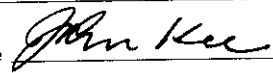


No. W 17236	Due no later than November 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable		G KENT TAYLOR												
	MAGIC HEALTH SYSTEMS, L.L.C. PO BOX 1901 TWIN FALLS, ID 83303 1901		401 2ND ST N STE 201 TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Manager</td> <td>Magic Valley Regional Medical Center</td> <td>P.O. Box 409</td> <td>Twin Falls</td> <td>ID</td> <td>83303-0409</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>	Manager	Magic Valley Regional Medical Center	P.O. Box 409	Twin Falls	ID	83303-0409
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Magic Valley Regional Medical Center	P.O. Box 409	Twin Falls	ID	83303-0409										
5. Organized Under the Laws of: IDAHO W 17236		6. Signature  Date <u>9-16-03</u> CEO of Magic Valley Name <small>(Typed or Printed)</small> <u>John Kee</u> Title <u>Regional Medical Center</u>													