

No. W 7630		Due no later than Dec 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGIC VALLEY ANESTHESIOLOGY ASSOCIATES, P.L.L.C. RONALD MCGARRIGLE 1285 FLORENCE AVE TWIN FALLS ID 83301 USA		RON MCGARRIGLE MD 4175 N 2300 E FILER ID 83328		
				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	BLAKE PEDERSEN	2757 CARRIAGE WAY	TWIN FALLS	ID	USA	83301
MEMBER	BLAKE JENSEN	1744 W WILDFLOWER LN	TWIN FALLS	ID	USA	83301
MEMBER	DARIN POWELL	2330 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301
MEMBER	LANCE HUBSMITH	2284 E 4195 N	FILER	ID	USA	83328
MEMBER	THOMAS ASHBY	4127 CREEKVIEW DR	TWIN FALLS	ID	USA	83301
MEMBER	R DAVID WELLS	689 BRIARCLIFF	TWIN FALLS	ID	USA	83301
MANAGER	RON MCGARRIGLE	4175 N 2300 E	FILER	ID	USA	83328
5. Organized Under the Laws of: ID W 7630		6. Annual Report must be signed.* Signature: Ronald Name (type or print): Ronald Date: 12/31/2012 Title: MCGARRIGLE				
Processed 12/31/2012		* Electronically provided signatures are accepted as original signatures.				