

No. **C 87079**

**Due no later than July 31, 2004  
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

1. Mailing Address - Correct in this box, if applicable

MAGIC VALLEY REGIONAL MEDICAL CENTE  
LORAIN DEVEY  
P O BOX 409  
TWIN FALLS, ID 83303

LORAIN DEVEY  
650 ADDISON AVENUE WEST  
TWIN FALLS, ID 83303

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	President: Alice Rothe	P.O. Box 409	Twin Falls	ID	83303
	Vice President: Audrey Sisson	P.O. Box 409	Twin Falls	ID	83303
	2 <sup>nd</sup> Vice Pres: Patsy Fife	P.O. Box 409	Twin Falls	ID	83303
	Secretary: Merle Call	P.O. Box 409	Twin Falls	ID	83303
	Treasurer: Ila Warren	P.O. Box 409	Twin Falls	ID	83303
	Director: Loraine Devey	P.O. Box 409	Twin Falls	ID	83303

5. Organized Under the Laws of:

IDAHO  
C 87079

6.

Signature Loraine Devey Date May 11, 2004  
Name (Typed or Printed) Loraine Devey Title Director

Issued 05/03/2004

**Do Not Tape or Staple**

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