

No. W 25317		Due no later than Jul 31, 2009		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. ST. LUKE'S MAGIC VALLEY SLEEP INSTITUTE, L.L.C. BRIAN FORTUIN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		BRIAN FORTUIN 660 SHOSHONE ST #130 TWIN FALLS ID 83301			
				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	ST LUKES MAGIC VALLEY REGIONAL MEDICAL CENTER LTD	PO BOX 409	TWIN FALLS	ID	USA	83303	
MEMBER	RICHARD HAMMOND	650 ADDISON AVENUE WEST	TWIN FALLS	ID	USA	83301	
MEMBER	RONALD FULLMER	570 SHOUP AVENUE WEST	TWIN FALLS	ID	USA	83301	
MEMBER	BRIAN FORTUIN	660 SHOSHONE STREET #130	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 25317		6. Annual Report must be signed.* Signature: JohnAColeman Name (type or print): JohnAColeman Date: 05/22/2009 Title: Agent					
Processed 05/22/2009		* Electronically provided signatures are accepted as original signatures.					