

No. W 85195		Due no later than Jul 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. HAAKE NEPHROLOGY, PLLC ROBERT HAAKE MD 12185 N UPPER RIDGE PL BOISE ID 83714-9324		ROBERT HAAKE MD 12185 N UPPER RIDGE PL BOISE ID 83714-9324			
				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	
MANAGER	ROBERT J HAAKE	12185 NORTH UPPER RIDGE PLACE	BOISE	ID	USA	83714-9324	
5. Organized Under the Laws of: ID W 85195		6. Annual Report must be signed.* Signature: Robert Haake Name (type or print): Robert Haake Date: 07/05/2012 Title: Manager					
Processed 07/05/2012		* Electronically provided signatures are accepted as original signatures.					