

No. **W 1754****Due no later than November 30, 2005****Annual Report Form**2. Registered Agent and Office **NO PO BOX**JON WAGNILD MD
5610 W GAGE ST STE A
BOISE, ID 83706

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

KIDNEY PHYSICIANS OF IDAHO, L.L.C.
JON WAGNILD MD
5610 W GAGE STE A
BOISE, ID 837063. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Jon P. Wagnild, M.D.	5610 West Gage Suite A	Boise	Id	83706
	Nagraj Narasimahan	5610 West Gage Suite A	Boise	Id	83706
	Micheal Adcox, M.D.	5610 West Gage Suite A	Boise	Id	83706

5. Organized Under the Laws of:

IDAHO
W 1754

6.

Signature

Name
(Typed or
Printed)

Date

Title

200511001305

Issued 09/01/2005

Do Not Tape or Staple