No. W 63441		Due no later than Jun 30, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HAYDEN NEPHROLOGY CONSORTIUM, LLC SHAUN K. JOSHI, M.D. 8836 N. HESS, SUITE C HAYDEN ID 83835 USA		20 - 1000 Av 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	SCOT D NASS 701 FRONT AVE STE 101 COEUR D'ALENE ID 83814			
				COEUR D'AL				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER SHAUN JOSHI MD		8836 N HESS, SUITE C	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kristen Ryssel			Date: 06/12/2013			
W 63441		Name (type or		Title: Accountant				
Processed 06/12/2013 * Electronically provided signatures are accepted as original signatures.								