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STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

2005 FEB 22 PM 2:45

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: IDAHO KIDNEY INSTITUTE, LLP

2. If previously filed a statement of partnership, the name used in that statement is: _____

The date it was filed with the Idaho Secretary of State's Office was: _____

3. The street address of the limited liability partnership's chief executive office is: 121 NORTH 18TH STREET, POCA TELLO, ID 83201

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____

5. The mailing address for future correspondence is: 55 WASHINGTON STREET, SUITE 306, EAST ORANGE, NJ 07017

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Fahim Rahim

Typed Name FAHIM RAHIM

2) Naeem Rahim

Typed Name NAEEM RAHIM

3) _____

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
02/22/2005 05:00
CK: 482972 CT: 172099 BH: 794488
1 @ 100.00 = 100.00 QUALIF LLP # 1
1 @ 20.00 = 20.00 EXPEDITE C # 2

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