

No. W 56395		Due no later than Nov 30, 2016		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		BOISE DIALYSIS LLC MICHELLE NELSON 3525 E LOUISE DR STE 100 MERIDIAN ID 83642			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		LIBERTY DIALYSIS-IDAHO FALLS LLC WYNELLE SCENNA 920 WINTER ST TAX DEPT WALTHAM MA 02451-1457					
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	RONALD J KUERBITZ	920 WINTER ST	WALTHAM	MA	USA	02451	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 56395		Signature: BRYAN MELLO			Date: 11/18/2016		
		Name (type or print): BRYAN MELLO			Title: ASST TREASURER		
Processed 11/18/2016		* Electronically provided signatures are accepted as original signatures.					