| No. **W 56397** | **Due no later than Nov 30, 2007**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>IDAHO KIDNEY CENTER-BLACKFOOT LLC<br>STEVE JACOB<br>222 BLOOMINGDALE RD STE 400<br>WHITE PLAINS NY 10605 | RECORD SEARCH & INFORMATION<br>5527 KENDALL<br>BOISE ID 83702<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MEMBER | CAPUTO M LIBERTY IDAHO FALLS II LLC | 222 BLOOMINGDALE RD STE 400 | WHITE PLAINS | NY | USA | 10605 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **DE**<br>**W 56397** | Signature: Mark Caputo | Date: 10/05/2007 |
| | Name (type or print): Mark Caputo | Title: Member |

Processed 10/05/2007

* Electronically provided signatures are accepted as original signatures.