

No. <b>W 69058</b>		<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  INLAND NW RENAL CARE GROUP-GRITMAN MEDICAL CENTER, LLC WYNELLE SCENNA 920 WINTER ST TAX DEPT WALTHAM MA 02451		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	BRYAN MELLO	920 WINTER ST		WALTHAM	MA		02451
5. Organized Under the Laws of:  <b>DE</b> <b>W 69058</b>		6. Annual Report must be signed.*  Signature: BRYAN MELLO Name (type or print): BRYAN MELLO  Date: 12/18/2014 Title: ASSISTANT TREASURER					
Processed 12/18/2014      * Electronically provided signatures are accepted as original signatures.							