

No. <b>1800</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>PATRICK J. MILLER, ESQ.</b> <b>PARK PLACE, STE 200</b> <b>BOISE ID 83701</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct <b>SAINT ALPHONSUS NEPHROLOGY &amp; 277 N 5TH ST.</b> <b>PATRICK J MILLER, ESQ.</b> <b>GIVENS, PURSLEY ET AL</b> <b>P O BOX 2720</b> <b>BOISE ID 83701</b>	3. Organized Under the Laws of: <b>ID</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Saint Alphonsus Diversified Care, Inc.	1055 N. Curtis Rd.	Boise	ID	83706
Member	Kidney Physicians of Idaho, LLC	901 N. Curtis Rd., Suite 403,	Boise	ID	83706
5. SIGNATURE OF CURRENT RA  <b>ANY LAWFUL</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Jon P. Wagnild</i></u> Date <u>7/21/96</u> Name <small>(Printed)</small> <u>Jon P. Wagnild, M.D.</u> Title <u>Member, Kidney Physicians of Idaho</u> <b>1277 LLC</b>			

ISSUED: 37-08-1996