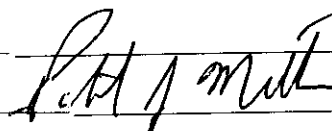


No. W 8537	Due no later than Apr 30, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX PATRICK J MILLER 277 N 6TH ST STE 200 BOISE, ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CANYON RIM DIALYSIS REAL ESTATE, LL 277 N 6TH ST STE 200 BOISE, ID 83702	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	St. Alphonsus Diversified Care, Inc.	1055 N. Curtis Rd.	Boise	ID	83706
Member	Jon P. Wagnild, M.D.	5610 W. Gage St., Suite A	Boise	ID	83706

5. Organized Under the Laws of: IDAHO W 8537	6.  Signature _____ Name <small>(Type or Printed)</small> <u>Patrick J. Miller</u> Date <u>6/7/01</u> Title: <u>Registered Agent</u>
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