

# State of Idaho

Office of the Secretary of State

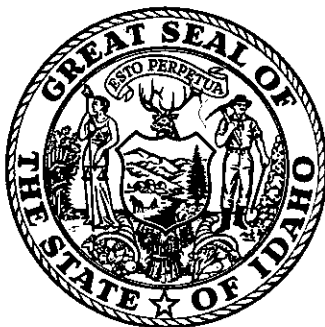
**CERTIFICATE OF AUTHORITY  
OF  
BOISE DIALYSIS PARTNERS II, LLC**

File Number W 127403

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: 19 July 2013



*Ben Yursa*  
SECRETARY OF STATE

By

*Linda Corbus*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL 19 PM 1:56

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Boise Dialysis Partners II, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: Delaware

4. The name and complete street address of the registered agent in Idaho is:

C T Corporation System

921 S Orchard Street, Suite G, Boise, Idaho 83705

5. The street and mailing address of the limited liability company's principal office is:

920 Winter St., Waltham, MA 02451

*Street Address*

*Mailing Address, if different*

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

Corporation Trust Center, 1209 Orange St., Wilmington, DE 19801

*Street Address*

*Mailing Address, if different*

7. The name and mailing address of at least one member or manager:

Bryan Mello

920 Winter St., Waltham, MA 02451

8. The mailing address for future correspondence:

920 Winter St., Waltham, MA 02451

9. Signature of a manager, member or authorized person.

*Signature*

Bryan Mello

*Typed Name*

**Bryan Mello**  
**Assistant Treasurer**

Secretary of State use only

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07/19/2013 05:00  
CK: NONE CT: 278665 BH: 1382814  
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W127403

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOISE DIALYSIS PARTNERS II, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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You may verify this certificate online  
at [corp.delaware.gov/authvax.shtml](http://corp.delaware.gov/authvax.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0597728

DATE: 07-18-13