

No. W 9118		Due no later than Jun 30, 2006		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PORTNEUF NEPHROLOGY CENTER, L.L.C. PATRICK J MILLER 601 W BANNOCK ST BOISE ID 83701		PATRICK J MILLER 601 W BANNOCK BOISE ID 83701	
				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	SAINT ALPHONSUS NEPHROLOGY CENTER, L.L.C.	5610 W GAGE STE A	BOISE	ID	83706
5. Organized Under the Laws of: IDAHO W 9118		6. Annual Report must be signed.* Signature: MICHEAL J. ADCOX Name (type or print): MICHEAL J. ADCOX Date: 05/29/2006 Title: OFFICER			
Processed 05/29/2006		* Electronically provided signatures are accepted as original signatures.			