

No. W 9118		Due no later than Jun 30, 2006 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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		
NO FILING FEE IF RECEIVED BY DUE DATE				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				
Processed 05/29/2006		* Electronically provided signatures are accepted as original signatures.				
Date: 05/29/2006 Title: OFFICER						