

No. W 69058		Due no later than Dec 31, 2016		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. INLAND NW RENAL CARE GROUP-GRITMAN MEDICAL CENTER, LLC WYNELLE SCENNA 920 WINTER ST TAX DEPT WALTHAM MA 02451		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				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	BRYAN MELLO	920 WINTER ST	WALTHAM	MA	02451
5. Organized Under the Laws of: DE W 69058		6. Annual Report must be signed.* Signature: BRYAN MELLO Name (type or print): BRYAN MELLO Date: 12/20/2016 Title: ASST TREASURER			
Processed 12/20/2016		* Electronically provided signatures are accepted as original signatures.			