

No. W 1754	Due no later than Nov 30, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		MICHAEL J ADCOX MD 333 N. 1ST STREET, SUITE 140 BOISE ID 83703				
	KIDNEY PHYSICIANS OF IDAHO, L.L.C. MICHEAL J. ADCOX, M.D. 333 N. 1ST STREET, SUITE 140 BOISE ID 83703		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	JON WAGNILD MD	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	NAGRAJ NARASIMHAN MD	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	MICHAEL ADCOX MD	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	ROBERT L DAVIDSON	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	MICHAEL C MALLEA	5610 W GAGE STE A	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 1754		6. Annual Report must be signed.* Signature: Micheal J. Adcox Name (type or print): Micheal J. Adcox			Date: 01/10/2013 Title: President		
Processed 01/10/2013		* Electronically provided signatures are accepted as original signatures.					