

No. C 174323		Due no later than Jul 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NORTH IDAHO NEPHROLOGY ASSOCIATES, INC. SHAUN K. JOSHI 8556 WAYNE DRIVE HAYDEN ID 83835 USA		SHAUN JOSHI 8556 WAYNE DR HAYDEN ID 83835			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SHAWN K. JOSHI	8556 WAYNE DRIVE	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:  <b>ID</b> <b>C 174323</b>		6. Annual Report must be signed.*  Signature: Shaun K. Joshi Name (type or print): Shaun K. Joshi					
		Date: 05/18/2009 Title: President					
Processed 05/18/2009      * Electronically provided signatures are accepted as original signatures.							