

No. <b>W 69058</b>	<b>Due no later than Dec 31, 2008</b> <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  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> INLAND NW RENAL CARE GROUP-GRITMAN MEDICAL CENTER, LLC 920 WINTER ST WALTHAM MA 02451		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
			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	MARC LIEBERMAN	920 WINTER ST	WALTHAM	MA	USA	02451
5. Organized Under the Laws of:  <b>DE W 69058</b>		6. Annual Report must be signed.* Signature: Marc Lieberman Name (type or print): Marc Lieberman Date: 01/26/2009 Title: Assistant Treasurer				
Processed 01/26/2009		* Electronically provided signatures are accepted as original signatures.				