

No. W 56398		Due no later than Nov 30, 2007		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. LIBERTY DIALYSIS-NAMPA LLC STEVE JACOB 222 BLOOMINGDALE RD STE 400 WHITE PLAINES NY 10605		RECORD SEARCH & INFORMATION 5527 KENDALL BOISE ID 83706			
				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	CAPUTO M	BOISE DIALYSIS, LLC 222 BLOOMINGDALE RD STE 400	WHITE PLAINS	NY	USA	10605	
5. Organized Under the Laws of: DE W 56398		6. Annual Report must be signed.* Signature: Mark Caputo Name (type or print): Mark Caputo Date: 10/05/2007 Title: Member					
Processed 10/05/2007		* Electronically provided signatures are accepted as original signatures.					