No. W 69058	Due no later than Dec 31, 2012	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. INLAND NW RENAL CARE GROUP-GRITMAN MEDICAL CENTER, LLC PAUL COLANTONIO				
NO FILING FEE IF RECEIVED BY DUE DATE	920 WINTER ST WALTHAM MA 02451	3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER BRYAN ME	LLO 920 WINTER ST	WALTHAM	MA	USA	02451
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
DE	Signature: Paul Colantonio	Date: 12/03/2012			
W 69058	Name (type or print): Paul Colantonio	Title: Assistant Treasurer			
Processed 12/03/2012	* Electronically provided signatures are accepted as original signatures.				