No. W 1754

Annual Report Form

Due No Later Than November 30, 1997

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

★ FIRST NOTICE ★

1. Mailing Address - Please Correct, If Not Correct

KIDNEY PHYSICIANS OF IDAHO,
JON WAGNILD MD
~~901 N CURTIS RD STE 403~~
5610 West Gage Ste A
BOISE ID 83706

2. Registered Agent and Office **NOT A P.O. BOX**

JON WAGNILD MD
901 N CURTIS RD STE 403
BOISE ID 83706

3. Organized Under the Laws of:

ID W 1754

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☒ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
	Jon P. Wagnild, M.D.	5610 West Gage Suite A	Boise,	Id	83706
	Nagraj Narasimhan, M.D.	5610 West Gage Suite A	Boise	Id	83706
	Micheal J. Adcox, M.D.	5610 West Gage Suite A	Boise	Id	83706

5. SIGNATURE OF CURRENT RA

6.
Signature Jon P. Wagnild Date 11/3/97
Name (Typed or Printed) Jon P. Wagnild Title Member

ISSUED: 07-04-1997

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↓ DO NOT TAPE OR STAPLE ↓