## REINSTATEMENT

## FILED EFFECTIVE

No. <b>W 1800</b>	Annual Report Form ADMIN DISSOLVED 03/07/2008	2. Registered Agent and Office NOT A P.O. BOX PATRICK J MILLER, ESQ.
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720	1. Mailing Address - Correct in this box, if applicable	601 W BANNOCK
	SAINT ALPHONSUS NEPHROLOGY CENTER,	BOISE, ID 83701
BOISE, ID 83720-0080	601 W BANNOCK	O No.
FEE DUE \$30.00	BOISE, ID 83702	3. <u>New</u> registered agent signature
Limited Liability Companies: Enter Limited and Limited Liability Partn Office held Name	Business Addresses of <b>President, Secretary and Directors</b> Names and Addresses of management. erships: Enter names and addresses of at least two (2) partners.  Street or P.O. Address	City State Zip
Member Saint Al	phonsus Diversified Care, Inc., 10	55 N. Curtis, Boise, ID 83706
Member Kidney P	hysicians of Idaho, 5610 W. Gage,	Suite A, Boise, ID 83706
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5. Organized under the laws of: IDAHO	6. Signature / M / M/	Date 6/27/08
W 1800	Name (Typed or Patrick J. Miller	Title <u>Registered Agen</u>

Issued 4/8/2008 by CLH