No. W 138744		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	AND AND AND AND ADDRESS OF THE PARTY OF THE	C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. PACIFIC RENAL RESEARCH INSTITUTE, LLC LIBERTY DIALYSIS LLC 920 WINTER ST TAX DEPT		921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LIBERTY DIA						
	TAX DEPT			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF	WALTHAM	WALTHAM MA 02451					
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER PAUL COLANTONIO		920 WINTER ST	WALTHAM	MA	USA	02451	
5. Organized Under the Laws of: 6. Annual Report		ort must be signed.*					
DE	Signature:	Signature: PAUL COLANTONIO Date: 06/16/2016					
W 138744	Name (type	Name (type or print): PAUL COLANTONIO Title: ASST Ti			REASURER		
Processed 06/16/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					