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| No. C 174323 | | Due no later than Jul 31, 2012 Annual Report Form | | 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 | | 1. Mailing Address: Correct in this box if needed. NORTH IDAHO NEPHROLOGY ASSOCIATES, INC. SHAUN K. JOSHI 8836 N. HESS, SUITE C HAYDEN ID 83835 USA | | SHAUN JOSHI 8836 N. HESS, SUITE C HAYDEN ID 83835 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | SHAUN K. JOSHI | 8836 N. HESS, SUITE C | HAYDEN | ID | USA | 83835 | |
| 5. Organized Under the Laws of: ID C 174323 | | 6. Annual Report must be signed.* Signature: Shaun K Joshi Name (type or print): Shaun K Joshi | | | | | |
| | | Date: 05/14/2012 Title: President | | | | | |
| Processed 05/14/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | |