

No. W 129529	Due no later than Sep 30, 2018 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	1. Mailing Address: Correct in this box if needed. PATIENT PATHWAYS, LLC JLD/SECGOVFIN, 601 HAWAII ST. EL SEGUNDO CA 90245		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name TOTAL RENAL CARE, INC.	Street or PO Address JLD/SECGOVFIN 2000 16TH STREET	City DENVER	State CO	Country USA	Postal Code 80202
5. Organized Under the Laws of: DE W 129529	6. Annual Report must be signed.* Signature: Arturo Sida Name (type or print): Arturo Sida Date: 08/15/2018 Title: Authorized Person					
Processed 08/15/2018	* Electronically provided signatures are accepted as original signatures.					