

No. <b>W 127403</b>		<b>Due no later than Jul 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BOISE DIALYSIS PARTNERS II, LLC ATTN TAX DEPT 920 WINTER ST WALTHAM MA 02451		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 PAUL COLANTONIO	Street or PO Address 920 WINTER ST		City WALTHAM	State MA	Country USA	Postal Code 02451
5. Organized Under the Laws of:  <b>DE</b> <b>W 127403</b>	6. Annual Report must be signed.*  Signature: PAUL COLANTONIO Name (type or print): PAUL COLANTONIO  Date: 07/19/2016 Title: ASST TREASURER						
Processed 07/19/2016 * Electronically provided signatures are accepted as original signatures.							