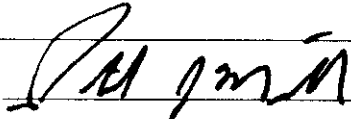


No. W 9118	Due no later than Jun 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<div style="background-color: black; color: white; padding: 2px; font-size: small;">1. Mailing Address - Correct in this box, if applicable</div> PORTNEUF NEPHROLOGY CENTER, L.L.C. PATRICK J MILLER 277 N 6TH ST STE 200 BOISE, ID 83701		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE, ID 83701
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Saint Alphonsus Nephrology Center	5610 W Gage Street Ste B	Boise	ID	83706

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 9118</div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> Patrick J. Miller </div> <div style="width: 35%;"> Date 6/23/03 Title Registered Agt </div> </div>
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