

No. W 63441		Due no later than Jun 30, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HAYDEN NEPHROLOGY CONSORTIUM, LLC SHAUN K. JOSHI, M.D. 8836 N. HESS, SUITE C HAYDEN ID 83835 USA		SCOT D NASS 701 FRONT AVE STE 101 COEUR D'ALENE ID 83814	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	SHAUN JOSHI, M.D.	4072 BROOKIE LANE	POST FALLS	ID	USA 83854
5. Organized Under the Laws of: ID W 63441		6. Annual Report must be signed.* Signature: Shaun K. Joshi Name (type or print): Shaun K. Joshi Date: 04/26/2011 Title: President			
Processed 04/26/2011		* Electronically provided signatures are accepted as original signatures.			