

No. W 63442	Due no later than Jun 30, 2009 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. SANDPOINT NEPHROLOGY CONSORTIUM, LLC SHAUN K. JOSHI, M.D. 8556 WAYNE DRIVE 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
MANAGER	SHAUN K. JOSHI, M.D.	4072 BROOKIE LANE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 63442	6. Annual Report must be signed.* Signature: Shaun K. Joshi, M.D. Name (type or print): Shaun K. Joshi, M.D.		Date: 04/16/2009 Title: Manager			
Processed 04/16/2009		* Electronically provided signatures are accepted as original signatures.				