

No. W 9118	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct PORTNEUF NEPHROLOGY CENTER, PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83701		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83701
			3. Organized Under the Laws of: ID W 9118

Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held Name Street or P.O. Address City State Zip

SEE ATTACHED LIST

Signature of New Registered Agent	6.
	Signature <u><i>Patrick J Miller</i></u> Date <u>9/20/99</u> Name (Typed or Printed) <u>Patrick J. Miller</u> Title <u>Registered Agent</u>

ISSUED: 07-03-1999

4095

MEMBER NAME

ADDRESS

Idaho Nephrology Associates, LLC

5610 W. Gage Street
Suite A
Boise, Idaho 83706

Saint Alphonsus Diversified Care, Inc.

1055 N. Curtis Road
Boise, Idaho 83706

Richard A. Hearn

c/o Portneuf Nephrology Center
2001 Bench Road
Boise, Idaho 83201

SECRETARY OF STATE
STATE OF IDAHO

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