

No. W 56395		Due no later than Nov 30, 2010		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. LIBERTY DIALYSIS-IDAHO FALLS LLC ADRIAN DAVID 7650 SE 27TH STREET SUITE 200 MERCER ISLAND WA 98040-3060		BOISE DIALYSIS LLC MICHELLE NELSON 3525 E LOUISE DR STE 100 MERIDIAN ID 83642			
				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	LIBERTY IDAHO FALLS II LLC	222 BLOOMINGDALE RD STE 400	WHITE PLAINS	NY	USA	10605	
5. Organized Under the Laws of: DE W 56395		6. Annual Report must be signed.* Signature: Ryan B Pardo Name (type or print): Ryan B Pardo Date: 10/25/2010 Title: Vice President					
Processed 10/25/2010		* Electronically provided signatures are accepted as original signatures.					