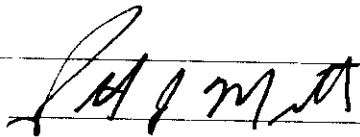


<b>No. W 1800</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than December 31, 2004 Annual Report Form</b> <div style="background-color: black; color: white; padding: 2px; text-align: left;">1. Mailing Address - Correct in this box, if applicable</div> SAINT ALPHONSUS NEPHROLOGY CENTER, <del>277 N GAGE STE 200</del> 601 W Bannock BOISE, ID 83702	2. Registered Agent and Office <b>NO PO BOX</b>  PATRICK J MILLER, ESQ. PARK PLACE, STE 200 <del>277 N GAGE STE 200</del> 601 W Bannock BOISE, ID 83701  3. <u>New</u> Registered Agent Signature
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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	Diversified Care, Inc., 1055 N Curtis Road	Boise	ID	83706
Member	Kidney Physicians	of Idaho LLC 5610 W Gage Ste A	Boise	ID	83706

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 1800</div>	6. <div style="display: flex; align-items: center;"> <div style="flex: 1;">           Signature             Name <small>(Typed or Printed)</small> Patrick J. Miller         </div> <div style="flex: 1;">           Date 10/15/04            Title Reg Agent         </div> </div>
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Issued 10/01/2004

Do Not Tape or Staple

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