No. **W 1754**	**Due no later than Nov 30, 2006**	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.** KIDNEY PHYSICIANS OF IDAHO, L.L.C. MICHEAL J. ADCOX, M.D. 5610 W GAGE STE A BOISE ID 83706	JON WAGNILD MD 5610 W GAGE ST STE A BOISE ID 83706 3. New 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	JON WAGNILD MD	5610 W GAGE STE A	BOISE	ID		83706
MEMBER	NAGRAJ NARASIMHAN MD	5610 W GAGE STE A	BOISE	ID		83706
MEMBER	MICHAEL ADCOX MD	5610 W GAGE STE A	BOISE	ID		83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 1754**	Signature: MICHEAL ADCOX	Date: 09/27/2006
	Name (type or print): MICHEAL ADCOX	Title: MANAGING PARTNER

Processed 09/27/2006

* Electronically provided signatures are accepted as original signatures.