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|--|------------------------|--|-------|---|---------|---------------------------|--|
| No. W 1591 | | Due no later than Jan 31, 2013 | | 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. IDAHO NEPHROLOGY ASSOCIATES, P.L.L.C. JOSEPH H UBERUAGA II PO BOX 1368 BOISE ID 83701 USA | | JOSEPH H UBERUAGA II ATTY 1111 W JEFFERSON STE 530 BOISE ID 83702 | | | |
| | | | | 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 | MICHAEL C MALLEA, M.D. | 5610 WEST GAGE, SUITE A | BOISE | ID | USA | 83706 | |
| MEMBER | NICHOLAS C HUNT, M.D. | 5610 WEST GAGE, SUITE | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 1591 | | Signature: Joseph H. Uberuaga, II | | | | Date: 11/07/2012 | |
| | | Name (type or print): Joseph H. Uberuaga, II | | | | Title: Attorney and Agent | |
| Processed 11/07/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |