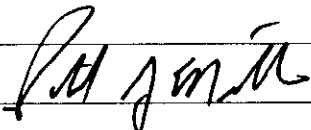


No. W 1800	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable		PATRICK J MILLER, ESQ. PARK PLACE, STE 200 277 N 6TH ST BOISE, ID 83701																																			
	SAINT ALPHONSUS NEPHROLOGY CENTER, 277 N 6TH ST STE 200 BOISE, ID 83702																																					
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;"><u>Office held</u></th> <th style="width:20%;"><u>Name</u></th> <th style="width:30%;"><u>Street or P.O. Address</u></th> <th style="width:10%;"><u>City</u></th> <th style="width:10%;"><u>State</u></th> <th style="width:10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td></td> <td>St. Alphonsus</td> <td>1055 N. Curtis Rd.,</td> <td>Boise,</td> <td>ID</td> <td>83706</td> </tr> <tr> <td></td> <td></td> <td>Diversified Care, Inc.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member</td> <td></td> <td>Kidney Physicians</td> <td>5610 W Gage Ste. A,</td> <td>Boise,</td> <td>ID</td> <td>83706</td> </tr> <tr> <td></td> <td></td> <td>of Idaho LLC</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member		St. Alphonsus	1055 N. Curtis Rd.,	Boise,	ID	83706			Diversified Care, Inc.					Member		Kidney Physicians	5610 W Gage Ste. A,	Boise,	ID	83706			of Idaho LLC				
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5. Organized Under the Laws of: IDAHO W 1800		6. Signature  Date <u>1/6/04</u> <small>(Typed or Printed)</small> Name <u>Patrick J. Miller</u> Title <u>Reg. Agent</u>																																				