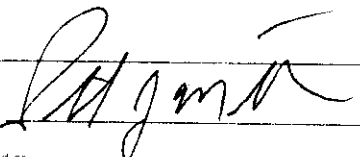


No. W 8537	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		PATRICK J MILLER 601 W BANNOCK BOISE, ID 83702																		
	CANYON RIM DIALYSIS REAL ESTATE, LL 601 W BANNOCK BOISE, ID 83702		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Saint Alphonsus Diversified Care, Inc.</td> <td>1055 N. Curtis,</td> <td>Boise,</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Member</td> <td>John P. Wagnild, M.D.</td> <td>5610 W. Gage Street, Suite A,</td> <td>Boise,</td> <td>ID</td> <td>83706</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	Saint Alphonsus Diversified Care, Inc.	1055 N. Curtis,	Boise,	ID	83706	Member	John P. Wagnild, M.D.	5610 W. Gage Street, Suite A,	Boise,	ID	83706
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5. Organized Under the Laws of: IDAHO W 8537		6. Signature  Date <u>3/4/05</u> Name <small>(Typed or Printed)</small> <u>Patrick J. Miller</u> Title <u>Registered Agent</u>																			

Issued 02/01/2005

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