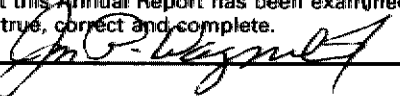


No. W 1734	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct KIDNEY PHYSICIANS OF IDAHO, JON WAGNILD MD 901 N CURTIS RD STE 403		JON WAGNILD MD 901 N CURTIS RD STE 403 BOISE ID 83706																									
	BOISE ID 83706		3. Organized Under the Laws of: ID W 1754																									
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="19 345 1468 558"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jon P. Wagnild, M.D.</td> <td>901 North Curtis Suite 403</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Micheal J. Adcox, M.D.</td> <td>901 North Curtis Suite 403</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Directors</td> <td>Nagraj Narasimhan, M.D.</td> <td>901 North Curtis Suite 403</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Jon P. Wagnild, M.D.	901 North Curtis Suite 403	Boise	Id	83706	Secretary	Micheal J. Adcox, M.D.	901 North Curtis Suite 403	Boise	Id	83706	Directors	Nagraj Narasimhan, M.D.	901 North Curtis Suite 403	Boise	Id	83706
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5. SIGNATURE OF CURRENT RA		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u></u> Date _____ Name (Typed or Printed) _____ Title _____																										
ISSUED: 10-05-1996																												