No. <b>J 1251</b>	Due no later than Feb 28, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO KIDNEY INSTITUTE, LLP  JEFFREY D CLARK CPA  PO BOX 986  BLACKFOOT ID 83221	444 HOSPITA POCATELLO	FAHIM RAHIM 444 HOSPITAL WAY STE 607 POCATELLO ID 83201  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	r Names and Business Addresses of two (2) or more partners.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER FAHIM R PARTNER NAEEM F		POCATELLO POCATELLO	ID ID	USA USA	83201 83201	
5. Organized Under the Laws of:  ID J 1251	6. Annual Report must be signed.* Signature: JEFFREY D CLARK Name (type or print): JEFFREY D CLARK		Date: 12/26/2017 Title: CPA			
Processed 12/26/2017	* Electronically provided signatures are accepted as original signatures.					