No. W 1754		Due no later than Nov 30, 2009		2. Registered A	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KIDNEY PHYSICIANS OF IDAHO, L.L.C. MICHEAL J. ADCOX, M.D. 5610 W GAGE STE A BOISE ID 83706		5610 W GAO BOISE ID	MICHAEL J ADCOX MD 5610 W GAGE ST STE A BOISE ID 83706 3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nar	nes and Addresses	of at least one Member or Manager.	<u> </u>				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JON WAGNIL	_D MD	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	Nagraj naf	RASIMHAN MD	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	MICHAEL AD	COX MD	5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	R ROBERT LI		5610 W GAGE STE A	BOISE	ID	USA	83706	
MEMBER	MICHAEL C	MALLEA	5610 W GAGE STE A	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report						
ID		Signature: Micheal J Adcox		Date	Date: 01/13/2010			
W 1754		Name (type or print): Micheal J Adcox		Title	Title: Managing Partner			
Processed 01/13/2010 * Electronically provided signatures are accepted as original signatures.								