

No. W 56395	Due no later than Nov 30, 2012 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. LIBERTY DIALYSIS-IDAHO FALLS LLC JILLIAN MITCHELL 7650 SE 27TH STREET SUITE 200 MERCER ISLAND WA 98040-3060		BOISE DIALYSIS LLC MICHELLE NELSON 3525 E LOUISE DR STE 100 MERIDIAN ID 83642			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	LIBERTY IDAHO FALLS II LLC	7650 SE 27TH ST STE 200	MERCER ISLAND	WA	USA	98040-3060
5. Organized Under the Laws of: DE W 56395		6. Annual Report must be signed.* Signature: Mark Caputo Name (type or print): Mark Caputo Date: 09/14/2012 Title: Manager Liberty Idaho Falls II				
Processed 09/14/2012		* Electronically provided signatures are accepted as original signatures.				