

No. J 1251

Due no later than February 29, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080NO FILING FEE IF
RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

IDAHO KIDNEY INSTITUTE, LLP
~~FARASAT MANNAN~~
~~55 WASHINGTON ST STE 306~~
~~EAST ORANGE, NJ 07017~~444 HOSPITAL
WAY STE 607POCATELLO ID
83201

Need to Appoint

FAHIM RAHIM
444 Hospital way STE. 607
POCATELLO, ID 83201

3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office heldNameStreet or P.O. AddressCityStateZip

MEMBER

FAHIM RAHIM

444 HOSPITAL WAY
STE 607

POCATELLO ID

83201

MEMBER

NAEEM RAHIM

444 HOSPITAL WAY
STE 607

POCATELLO ID

83201

5. Organized Under the Laws of:

IDAHO
J 1251

6.

Signature

Date

2/1/08

Name (Typed or Printed)

FAHIM RAHIM

Title

MEMBER

Issued 12/03/2007

Do Not Tape or Staple

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