

No. W 161132		Due no later than Jan 31, 2017 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		1. Mailing Address: Correct in this box if needed. BF DIALYSIS LLC MAURICE J THERRIEN 490 FALL DR BOISE ID 83706		MAURICE J THERRIEN 490 FALL DR BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MAURICE J THERRIEN	Street or PO Address 490 FALL DR		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of: ID W 161132		6. Annual Report must be signed.* Signature: Maurice J. Therrien Name (type or print): Maurice J. Therrien Date: 11/20/2016 Title: member					
Processed 11/20/2016 * Electronically provided signatures are accepted as original signatures.							