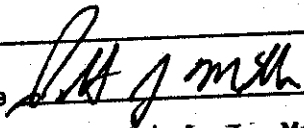


| No. W 9118 | Due no later than June 30, 2008 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | |
|---|--|-------------------------------|---|--------------------|-------------|-------------------------------|-------------|--------------|------------|--------|---|-----------------------|--------|----|-------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable PORTNEUF NEPHROLOGY CENTER, L.L.C. PATRICK J MILLER 601 W BANNOCK ST BOISE, ID 83701 | | PATRICK J MILLER 601 W BANNOCK BOISE, ID 83701 3. New Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Saint Alphonsus Nephrology Center, LLC,</td> <td>5610 W. Gage, Ste. A,</td> <td>Boise,</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table> | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Member | Saint Alphonsus Nephrology Center, LLC, | 5610 W. Gage, Ste. A, | Boise, | ID | 83706 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | |
| Member | Saint Alphonsus Nephrology Center, LLC, | 5610 W. Gage, Ste. A, | Boise, | ID | 83706 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 9118 | 6. Signature  Date <u>6/27/08</u> Name <small>(Typed or Printed)</small> <u>Patrick J. Miller</u> Title <u>Registered Agent</u> | | | | | | | | | | | | | | |