

No. <b>W 1591</b>	<b>Due no later than Oct 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO NEPHROLOGY ASSOCIATES, P.L.L.C. JULIA W BEARD 5610 W GAGE STE A BOISE ID 83706		MICHEAL J ADCOX 5610 WEST GAGE STE A BOISE ID 83706			
			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	MICHEAEL ADCOX MD	5610 WEST GAGE, SUITE A	BOISE	ID	USA	83706
MEMBER	MICHAEL C MALLEA	5610 WEST GAGE, SUITE A	BOISE	ID	USA	83702
MEMBER	NICHOLAS C HUNT	5610 WEST GAGE, SUITE	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID W 1591</b>	6. Annual Report must be signed.* Signature: Julia W. Beard Name (type or print): Julia W. Beard		Date: 08/20/2009 Title: Administrator			
Processed 08/20/2009		* Electronically provided signatures are accepted as original signatures.				