No. W 161988		Due no later than Feb 28, 2017	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LIBERTY DIALYSIS GROUP LLC 920 WINTER ST WALTHAM MA 02451	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
4. Limited Liability Compa		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER BRYAN MELL		O 920 WINTER STREET	WALTHAM	MA	USA	02451
5. Organized Under the Laws of: DE		6. Annual Report must be signed.* Signature: BRYAN MELLO	Date: 0	2/27/2017		
W 161988		Name (type or print): BRYAN MELLO	Title: ASST TREASURER			
Processed 02/27/2017 * Electronically provided signatures are accepted as original signatures.						