

No. <b>W 1754</b>	<b>Due no later than Nov 30, 2011</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> KIDNEY PHYSICIANS OF IDAHO, L.L.C. MICHEAL J. ADCOX, M.D. 333 N. 1ST STREET, SUITE 140 BOISE ID 83703	MICHAEL J ADCOX MD 333 N. 1ST STREET, SUITE 140 BOISE ID 83703  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	JON WAGNILD MD	5610 W GAGE STE A	BOISE	ID	USA	83706
MEMBER	NAGRAJ NARASIMHAN MD	5610 W GAGE STE A	BOISE	ID	USA	83706
MEMBER	MICHAEL ADCOX MD	333 N. 1ST STREET, SUITE 140	BOISE	ID	USA	83703
MEMBER	ROBERT L DAVIDSON	5610 W GAGE STE A	BOISE	ID	USA	83706
MEMBER	MICHAEL C MALLEA	5610 W GAGE STE A	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID W 1754</b>	6. Annual Report must be signed.* Signature: Micheal J. Adcox Name (type or print): Micheal J. Adcox		Date: 12/20/2011 Title: Managing Member			
Processed 12/20/2011		* Electronically provided signatures are accepted as original signatures.				