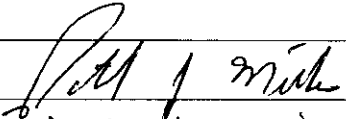
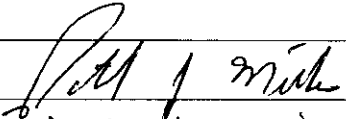
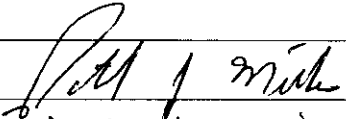


No. W 1800	Due no later than Dec 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1 Mailing Address - Correct in this box, if applicable SAINT ALPHONSUS NEPHROLOGY CENTER, 277 N 6TH ST STE 200 BOISE, ID 83702		PATRICK J MILLER, ESQ. PARK PLACE, STE 200 277 N 6TH ST BOISE, ID 83701
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<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 Diversified Care, Inc.	1055 N. Curtis Rd.,	Boise,	ID	83706
Member	Kidney Physicians of Idaho, LLC	5610 W. Gage, Ste. A,	Boise,	ID	83706

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 1800</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>10/18/02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Patrick J. Miller</u></td> <td>Title <u>Registered Agent</u></td> </tr> </table>	Signature 	Date <u>10/18/02</u>	Name <small>(Typed or Printed)</small> <u>Patrick J. Miller</u>	Title <u>Registered Agent</u>
Signature 	Date <u>10/18/02</u>				
Name <small>(Typed or Printed)</small> <u>Patrick J. Miller</u>	Title <u>Registered Agent</u>				