No. W 56395		Due no later than Nov 30, 2011		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BOISE DIALYSIS LLC			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		LIBERTY DIALYSIS-IDAHO FALLS LLC JILLIAN MITCHELL 7650 SE 27TH STREET SUITE 200		MICHELLE NELSON 3525 E LOUISE DR STE 100 MERIDIAN ID 83642 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		MERCER ISLAND WA 98040-3060						
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LIBERTY IDA	HO FALLS II LLC	7650 SE 27TH ST SUITE 200	MERCER ISLAND	WA	USA	98040-3060	
5. Organized Under the Laws of:		6. Annual Report must						
DE W 56395		Signature: Ryan B. Pardo		Date: 09/15/2011				
		Name (type or print): Ryan B. Pardo		Title: Member-Liberty Idaho Falls II				
Processed 09/15/2011	rocessed 09/15/2011 * Electronically provided signatures are accepted as original signatures.							