

No. J 1251	Due no later than Feb 29, 2016 Annual Report Form		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 RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO KIDNEY INSTITUTE, LLP JEFFREY D CLARK CPA PO BOX 986 BLACKFOOT ID 83221		FAHIM RAHIM 444 HOSPITAL WAY STE 607 POCATELLO ID 83201			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	FAHIM RAHIM	444 HOSPITAL WAY SUITE 607	POCATELLO	ID	USA	83201
PARTNER	NAEEM RAHIM	444 HOSPITAL WAY STE 607	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID J 1251		6. Annual Report must be signed.* Signature: JEFFREY D CLARK Name (type or print): JEFFREY D CLARK Date: 12/28/2015 Title: CPA				
Processed 12/28/2015		* Electronically provided signatures are accepted as original signatures.				