

No. <b>W 1754</b>		<b>Due no later than Nov 30, 2007</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>1. Mailing Address: Correct in this box if needed.</b>  KIDNEY PHYSICIANS OF IDAHO, L.L.C. MICHEAL J. ADCOX, M.D. 5610 W GAGE STE A BOISE ID 83706		JON WAGNILD MD 5610 W GAGE ST STE A BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	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	
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	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: 12/18/2007 Title: Managing Partner					
Processed 12/18/2007 * Electronically provided signatures are accepted as original signatures.							