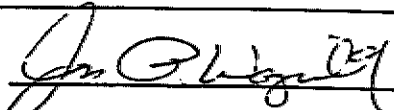


No. W 1800	Annual Report Form 1997 Due No Later Than November 30.		2. Registered Agent and Office NOT A P.O. BOX PATRICK J MILLER, ESQ. PARK PLACE, STE 200 277 N 6TH ST BOISE ID 83701	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	7. Mailing Address - Please Correct, If Not Correct SAINT ALPHONSUS NEPHROLOGY C PATRICK J MILLER, ESQ. GIVENS, PURSLEY ET AL P O BOX 2720 BOISE ID 83701		3. Organized Under the Laws of: ID W 1800	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<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 St., Suite A	Boise	ID 83706
5. SIGNATURE OF CURRENT RA		6. Signature  Date <u>12/23/97</u> Name (Typed or Printed) <u>Jon P. Wagnild, M.D.</u> Title <u>Member, Kidney Physicians of Idaho</u>		

~~ISSUED: 07-04-1997~~

↓ DO NOT TAPE OR STAPLE ↓

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