No. W 186072		Due no later than Jul 31, 2018	2. Registered A	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FRESENIUS MEDICAL CARE IDAHO FALLS, LLC 920 WINTER ST WALTHAM MA 02451	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
4. Limited Liability Compar		nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRYAN MELL	O 920 WINTER ST	WALTHAM	MA	USA	02451	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: BRYAN MELLO	Date: 06/26/2018				
W 186072		Name (type or print): BRYAN MELLO	Title: ASSISTANT TREASURER				
Processed 06/26/2018 * Electronically provided signatures are accepted as original signatures.							