

No. W 135976	Due no later than Mar 31, 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	1. Mailing Address: Correct in this box if needed. INLAND NORTHWEST RENAL CARE GROUP, LLC RENAL CARE GROUP INC ATTN TAX DEPARTMENT 920 WINTER ST WALTHAM MA 02451		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 920 WINTER ST BOISE ID 83705				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name PAUL COLANTONIO	Street or PO Address 920 WINTER ST	City WALTHAM	State MA	Country USA	Postal Code 02451	
5. Organized Under the Laws of: WA W 135976	6. Annual Report must be signed.* Signature: PAUL COLANTONIO Name (type or print): PAUL COLANTONIO						Date: 03/22/2016 Title: ASST TREASURER
Processed 03/22/2016	* Electronically provided signatures are accepted as original signatures.						