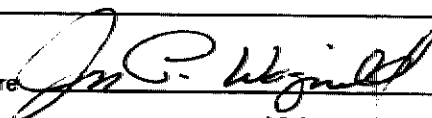


No. W 3537 Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct: ☐ Not Correct CANYON RIM DIALYSIS REAL EST 277 N 6TH ST STE 200 BOISE ID 83702	
** FINAL NOTICE **		3. Organized Under the Laws of: ID W 8537	

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)

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	St. Alphonsus Diversified Care, Inc.	1055 N. Curtis Rd.	Boise	ID	83706
Manager	Jon P. Wagnild, M.D.	5610 W. Gage St., suite A	Boise	ID	83706

5. <u>New</u> Registered Agent Signature	6. Signature 	
	Name (Typed or Printed) Jon P. Wagnild, M.D.	Date 11/29/99 Title manager