NO. W 8537

Annual Report Form
Due No Later Than November 30, 1999

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct if Not Correct

CANYON RIM DIALYSIS REAL EST
277 N 6TH ST STE 200
BOISE ID 83702

2. Registered Agent and Office NOT A P.O. BOX

PATRICK J MILLER
277 N 6TH ST STE 200
BOISE ID 83702

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. New Registered Agent Signature

6.
Signature Jon P. Wagnild Date 11/29/99
Name (Typed or Printed) Jon P. Wagnild, M.D. Title manager

ISSUED: 10-02-1999

1642