

No. W 62146	Due no later than May 31, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INLAND NORTHWEST RENAL CARE GROUP, LLC MARC LIEBERMAN 920 WINTER ST WALTHAM MA 02451	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA	
		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MEMBER	MARC LIEBERMAN	920 WINTER ST	WALTHAM MA USA 02451
5. Organized Under the Laws of: WA W 62146	6. Annual Report must be signed.* Signature: Marc Lieberman Date: 05/20/2011 Name (type or print): Marc Lieberman Title: Assistant Treasurer		
Processed 05/20/2011		* Electronically provided signatures are accepted as original signatures.	