

Annual Report Form

1998

Due No Later Than November 30,

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

IDAHO NEPHROLOGY SUPPLY, LLC
PATRICK J MILLER
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 3159

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 heldNameStreet or P.O. AddressCityStateZip

Member	Saint Alphonsus Diversified Care, Inc.	1055 N. Curtis Rd.	Boise	ID	83706
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Member	Kidney Physicians of Idaho, LLC	5610 W. Gage St., Suite A	Boise	ID	83706
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5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Jon P. Wagnild, M.D.

Date

7/14/98

Title

Member, Kidney
Physicians of Idaho

ISSUED: 07-03-1998

3202

DO NOT TAPE OR STAPLE