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|--|------------------------|--|---------|---|---------|-------------|--|
| No. W 62146 | | Due no later than May 31, 2009 | | 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 | RENAL CARE GROUP, INC. | 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 Name (type or print): Marc Lieberman Date: 05/20/2009 Title: Assistant Treasurer | | | | | |
| Processed 05/20/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |