

Annual Report Form

1998

Due No Later Than November 30,

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

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

SAINT ALPHONSUS NEPHROLOGY C
PATRICK J MILLER, ESQ.
GIVENS, PURSLEY ET AL
P O BOX 2720
BOISE ID 83701

PATRICK J MILLER, ESQ.
PARK PLACE, STE 200
277 N 6TH ST
BOISE ID 83701

3. Organized Under the Laws of:

ID W 1800

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
Member	Kidney Physicians of Idaho, LLC	5610 W. Gage St., Suite A	Boise	ID	83706

5. Signature of New Registered Agent

6.

Signature

Name (Typed & Printed)

Jon P. Wagnild, M.D.

Date

Title

Member-Kidney
Physicians of Idaho

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

2980