

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)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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 *Jon P. Wagnild* Date 7/14/98
 Name (Typed & Printed) Jon P. Wagnild, M.D. Title Member-Kidney Physicians of Idaho

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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