′ No. w 13338	Due no later than Nov 30, 2001	Registered Agent and Office NO PO BOX
No. W 13338 Return to:	Annual Report Form	C2HK INC
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	816 SHERMAN AVE
700 WEST JEFFERSON	INLAND NORTHWEST RENAL CARE GROUP-I	
PO BOX 83720 BOISE, ID 83720-0080	-PO BOX 2555- 1750 S. MESA DR , SUITE 110	COEUR D ALENE, ID 83814
NO FILING FEE IF	SPOKANE, WA 99220 MESA, AZ 85210	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
4. Limited Liability Compa	nies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address City	<u>State</u> <u>Zip</u>
MEMBER RENAL CARE MEMBER SACRED HEA	e drawp, me.	ASHNIUE, TN 37203 KANC, WA 99220
5. Organized Under the Laws of:		Date 10/4/01
	6. Signature KUSTAMA	Date 10/4/01 Title CONTRAUER