

No. W 56398		Due no later than Nov 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LIBERTY DIALYSIS-NAMPA LLC WYNELLE SCENNA 920 WINTER ST TAX DEPT WALTHAM MA 02451-1457		BOISE DIALYSIS MICHELLE NELSON 3525 E LOUISE DR STE 100 MERIDIAN 83642			
				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	BOISE DIALYSIS, LLC	920 WINTER ST	WALTHAM	MA	USA	02451	
5. Organized Under the Laws of: DE W 56398		6. Annual Report must be signed.* Signature: PAUL COLANTONIO Name (type or print): PAUL COLANTONIO Date: 11/19/2014 Title: ASSISTANT TREASURER					
Processed 11/19/2014		* Electronically provided signatures are accepted as original signatures.					