

No. W 3159		Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct IDAHO NEPHROLOGY SUPPLY, LLC PATRICK J MILLER 277 N 6TH ST STE 200 BOISE ID 83702		3. Organized Under the Laws of: ID W 3159	
** FINAL NOTICE **					
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	St. 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. <u>New Registered Agent Signature</u>		6. Signature  Name (Typed or Printed) Jon P. Wagnild, M.D. Date 4/29/99 Title Member			

ISSUED: 10-02-1999

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