| No. **W 56397** | **Due no later than Nov 30, 2010** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>IDAHO KIDNEY CENTER-BLACKFOOT LLC<br>ADRIAN DAVID<br>7650 SE 27TH STREET<br>SUITE 200<br>MERCER ISLAND WA 98040-3060 | BOISE DIALYSIS LLC<br>MICHELLE NELSON<br>3525 E LOUISE DR STE 100<br>MERIDIAN ID 83642<br><br>3. New 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 | LIBERTY IDAHO FALLS 2 LLC | 222 BLOOMINGDALE RD STE 400 | WHITE PLAINS | NY | USA | 10605 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **DE**<br>**W 56397** | Signature: Ryan Pardo<br>Name (type or print): Ryan Pardo | Date: 11/15/2010<br>Title: Vice President |

Processed 11/15/2010

* Electronically provided signatures are accepted as original signatures.