

No. W 3159	Due no later than November 30, 2004 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable IDAHO NEPHROLOGY SUPPLY, LLC 5610 W GAGE ST STE B BOISE, ID 83706		PATRICK J MILLER 277 N 6TH ST STE 200 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Office</td> <td>Scott Alphonse D. ...</td> <td>1075 ...</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Owner</td> <td>Kidney Physicians of Idaho, LLC</td> <td>5610 W Gage St B</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Office	Scott Alphonse D. ...	1075 ...	Boise	ID	83706	Owner	Kidney Physicians of Idaho, LLC	5610 W Gage St B	Boise	ID	83706
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5. Organized Under the Laws of: IDAHO W 3159	6. Signature <u>Marcia L. Smith</u> Date <u>9/14/2004</u> Name (Typed or Printed) <u>MARCIA L. Smith</u> Title <u>Acctg Mngr</u>																				