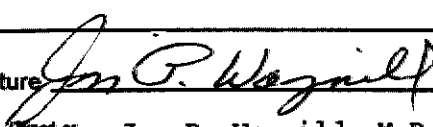


| No. W 1800 | Annual Report Form <i>Due No Later Than November 30,99</i> | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------|-------|------------------------|------|-------|-----|--------|--------------------------------------|--------------------|-------|----|-------|--------|----------------------------|-------------------------|-------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE ** | 1. Mailing Address (Please Correct if Not Correct) SAINT ALPHONSUS NEPHROLOGY CENTER LLC PATRICK J MILLER, ESO. GIVENS, PURSLEY ET AL PO BOX 2720 BOISE ID 83701 | PATRICK J MILLER ESO. PARK PLACE, STE 200 277 N 6TH ST BOISE ID 83701 | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) | | 3. Organized Under the Laws of: ID W 1800 | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Member</td><td>St. Alphonsus Diversified Care, Inc.</td><td>1055 N. Curtis Rd.</td><td>Boise</td><td>ID</td><td>83706</td></tr><tr><td>member</td><td>Kidney Physicians Of Idaho</td><td>5610 West Gage, Suite A</td><td>Boise</td><td>ID</td><td>83706</td></tr></tbody></table> | | | Office held | Name | Street or P.O. Address | City | State | Zip | Member | St. Alphonsus Diversified Care, Inc. | 1055 N. Curtis Rd. | Boise | ID | 83706 | member | Kidney Physicians Of Idaho | 5610 West Gage, Suite A | Boise | ID | 83706 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | |
| Member | St. Alphonsus Diversified Care, Inc. | 1055 N. Curtis Rd. | Boise | ID | 83706 | | | | | | | | | | | | | | | |
| member | Kidney Physicians Of Idaho | 5610 West Gage, Suite A | Boise | ID | 83706 | | | | | | | | | | | | | | | |
| 5. Signature of New Registered Agent | 6. Signature  Name (Typed or Printed) Jon P. Wagnild, M.D. Date 11/27/99 Title Member | | | | | | | | | | | | | | | | | | | |