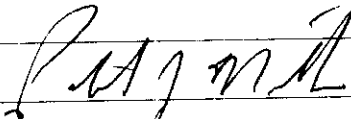


<b>No. W 9118</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than June 30, 2004 Annual Report Form</b>  <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> PORTNEUF NEPHROLOGY CENTER, L.L.C. PATRICK J MILLER <del>277 N 6TH ST STE 200</del> 601 W Bannock Street BOISE, ID 83701	2. Registered Agent and Office <b>NO PO BOX</b>  PATRICK J MILLER <del>277 N 6TH ST STE 200</del> BOISE, ID 83701 601 W Bannock  3. <u>New</u> Registered Agent Signature
---	---	---

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Saint Alphonsus Nephrology Center	5610 W Gage St Ste B	Boise	ID	83706

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 9118</div>	6. Signature  Date <u>5/14/04</u>  <div style="display: flex; justify-content: space-between;"> <span>Name <small>(Typed or Printed)</small> Patrick J. Miller</span> <span>Title Reg Agent</span> </div>
--	--