

No. J 2150		Due no later than Mar 31, 2016		2. Registered Agent and Address (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 needed. MAGIC VALLEY KIDNEY INSTITUTE LLP JEFFREY D CLARK PO BOX 986 BLACKFOOT ID 83221		HAROON RASHID 209 NW MAIN ST BLACKFOOT ID 83221			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	HAROON RASHID	PO BOX 986	BLACKFOOT	ID	USA	83221	
PARTNER	LUBNA RASHID	PO BOX 986	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID J 2150		6. Annual Report must be signed.* Signature: JEFFREY D CLARK Name (type or print): JEFFREY D CLARK					
		Date: 01/19/2016 Title: CPA					
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					