No. **C 86214**	**Due no later than Mar 31, 2011** **Annual Report Form**	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.** LOSTARK HEALTHCARE, INC. J ROBIN ROBIN KINSEY PO BOX 64 MACKAY ID 83257-0064	J ROBIN KINSEY 4390 HOUSTON RD MACKAY ID 83251-0064 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	J ROBIN KINSEY	P.O. BOX 64	MACKAY	ID	USA	83251-0064

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 86214**	Signature: J Robin Kinsey Name (type or print): J Robin Kinsey	Date: 01/21/2011 Title: President

Processed 01/21/2011

* Electronically provided signatures are accepted as original signatures.