No. C 92079	Due no later than Apr 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. L Z CORP. LYNN T. (BUCK) LEVY, M.D. BOX 46 SUN VALLEY ID 83353		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				LYNN T. (BUCK) LEVY, M.D. 103 WEDELN LANE SUN VALLEY ID 83353 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin	pass Addresses of Presi	dent Secretary and Directors Tre	Pasurer (o	ontional)			
Office Held Name	iess riddi esses of Tresi	Street or PO Address	casarer (o	City	State	Country	Postal Code
PRESIDENT LYNN THUR	BER LEVY, M.D.	103 WEDELN LANE		SUN VALLEY	ID	USA	83353-0046
5. Organized Under the Laws of:	6. Annual Report must be signed.* Signature: Lynn T. Levy, M.D.			Date: 02/08/2012			
C 92079				Title: President			
Processed 02/08/2012	* Electronically provided signatures are accepted as original signatures.						