

No. C 99150

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LOST RIVER PHARMACY, INC.
DIANA L. NIELSON
P O BOX 591
MACKAY, ID 83251DIANA L. NIELSON
4133 HWY 93 N
LESLIE, ID 83255NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres, Treas	Diana L Nielson	PO Box 591	Mackay	Id	83251
VP, Director	Robert Nielson	PO Box 591	Mackay	Id	83251

5. Organized Under the Laws of:

IDAHO
C 99150

6.

Signature

 Pres Date 5/26/08

Name

(Typed or
Printed)

Diana L Rackham Nielson

Title

Pres

Issued 05/02/2008

Do Not Tape or Staple

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