No. C 168569 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Aug 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. LSCORP, INC. LONNIE SIMPSON PO BOX 363 OROFINO ID 83544		2. Registered A	2. Registered Agent and Address (NO PO BOX) LONNIE SIMPSON 217 COLLEGE AVE STE 2 OROFINO ID 83544 3. New Registered Agent Signature:*			
				OROFINO ID				
		ı ess Addresses of Presi	dent, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR SECRETARY PRESIDENT	DR LONNIE SIMPSON ARY SHANNON SIMPSON		217 COLLEGE AVE SUITE 5 217 COLLEGE AVE SUITE 5 217 COLLEGE AVE SUITE 5 217 COLLEGE AVE SUITE 5	OROFINO OROFINO OROFINO OROFINO	ID ID ID ID	USA USA USA USA	83544 83544 83544 83544	
5. Organized Under the Laws of: ID C 168569		6. Annual Report mus Signature: Lonnie Name (type or prir		Date: 06/14/2011 Title: President				
Processed 06/14/2011		* Electronically provided signatures are accepted as original signatures.						