eturn to: SECRETARY OF STATE	Due no later than April 30, 2006 Annual Report Form 1. Mailing Address - Correct in this box, if applicable	2. Registered Agent and Office NO PO BOX LYNN T. (BUCK) LEVY, M.D.
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	L Z CORP. LYNN T. (BUCK) LEVY, M.D. BOX 46 SUN VALLEY, ID 83353	103 WEDELN LANE SUN VALLEY, ID 83353
NO FILING FEE IF RECEIVED BY DUE DATE		New Registered Agent Signature
 Corp ations: Enter Nan 	nes and Business Addresses of President, Secreta	ary and Directors.
Office held Name	Street or P.O. Address Cit	y <u>State</u> <u>Zip</u>
	T. LEVY MN BOX 46 S. IS P. ZIEGUER BUX 2020 KE IN LEVY BOX 46 SINVAC	
Organized Under the Laws of:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
IDAHO C 92079	Signature Name (Typed or Printed)	PULL PRES,