

No. C 92079		Due no later than Apr 30, 2015 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		1. Mailing Address: Correct in this box if needed. L Z CORP. LYNN T. (BUCK) LEVY, M.D. PO BOX 46 SUN VALLEY ID 83353		LYNN T. (BUCK) LEVY, M.D. 103 WEDELN LANE SUN VALLEY 83353			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	LYNN THURBER LEVY, M.D.	103 WEDELN LANE	SUN VALLEY	ID	USA	83353-0046	
5. Organized Under the Laws of: ID C 92079		6. Annual Report must be signed.* Signature: Lynn T. Levy, M.D. Name (type or print): Lynn T. Levy, M.D.					
		Date: 04/03/2015 Title: President					
Processed 04/03/2015 * Electronically provided signatures are accepted as original signatures.							