

No. <b>C 99150</b>		<b>Due no later than Jul 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  LOST RIVER PHARMACY, INC. DIANA L. NIELSON P O BOX 591 MACKAY ID 83251		DIANA L. NIELSON 4133 HWY 93 N MACKAY ID 83251		
				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
DIRECTOR	ROBERT N NIELSON	PO BOX 591	MACKAY	ID	USA	83251
TREASURER	DIANA L NIELSON	PO BOX 591	MACKAY	ID	USA	83251
SECRETARY	DIANA L NIELSON	PO BOX 591	MACKAY	ID	USA	83251
PRESIDENT	DIANA L NIELSON	PO BOX 591	MACKAY	ID	USA	83251-0591
5. Organized Under the Laws of:  <b>ID C 99150</b>		6. Annual Report must be signed.* Signature: Diana L Nielson Name (type or print): Diana L Nielson  Date: 06/08/2010 Title: President				
Processed 06/08/2010		* Electronically provided signatures are accepted as original signatures.				