No. C 86214	Due no later than March 31, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	ROBIN KINSEY
700 WEST JEFFERSON	LOSTARK HEALTHCARE INC	——OS W AVE B
PO BOX 83720 BOISE, ID 83720-0080	J ROBIN KINSEY PO BOX 64	JEROME, ID 83338
3010E, 1D 83720-0080	MACKAY, ID 83257	
NO FILING FEE IF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 Now Positi
RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Corporations: Enter Nam	es and Pusinger A. L.	
_Office held Name	es and Business Addresses of President, Secretar	ry and Directors
	Street or P.O. Address	
I ses. I Ropia	Kensey 4.0. Boy64 Mo	OCKAY IN 83251
		,
		1
5. Organized Under the Laws of:	6	
5. Organized Under the Laws of:	6. Signature ()	
	Signature Communication Commun	27 Date 1/2/6
IDAHO	Signature Communication Commun	Line to the transfer of the tr
IDAHO	0: () (" // // //	Line to the transfer of the tr