

No. C 86214	Due no later than March 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX J ROBIN KINSEY 103 WEST AVE A 108 W Ave B JEROME, ID 83338												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LOSTARK HEALTHCARE, INC. J ROBIN KINSEY PO BOX 583 103 WEST AVE A JEROME, ID 83338	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Pres</td> <td style="padding: 5px;">J Robin Kinsey</td> <td style="padding: 5px;">PO Box 583</td> <td style="padding: 5px;">Jerome</td> <td style="padding: 5px;">ID</td> <td style="padding: 5px;">83338</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres	J Robin Kinsey	PO Box 583	Jerome	ID	83338
Office held	Name	Street or P.O. Address	City	State	Zip									
Pres	J Robin Kinsey	PO Box 583	Jerome	ID	83338									
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 86214 </div>	6. Signature <u>J Robin Kinsey</u> Date <u>Jan 8, 2004</u> Name <small>(Type or Printed)</small> <u>J ROBIN KINSEY</u> Title <u>Pres</u>													