No. C 99150	Due no later than July 31, 2004 Annual Report Form	2. Registered Agent and Office **NO PO BOX**
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 LOST RIVER PHARMACY, INC. DIANA L. NIELSON P O BOX 591 MACKAY, ID 83251	DIANA L. NIELSON 4133 HWY 93 N LESLIE, ID 83255 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres/Sec	Diana L Nielson	4133 N Hwy 93	Leslie	Id	83255
V.P. / Director	Robert N Nielson	4133 N Hwy 93	Leslie	Id	83255

5. Organized Under the Laws of:
IDAHO
C 99150

6.
Signature Diana L Nielsen Pres Date 6/21/04
Name (Typed or Printed): Diana L Nielson Title Pres

Issued 05/03/2004

Do Not Tape or Staple

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