

No. **C 86214**

**Due no later than Mar 31, 2003  
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

1. Mailing Address - Correct in this box, if applicable

LOSTARK HEALTHCARE, INC.  
J ROBIN KINSEY  
PO BOX 583  
133 WEST AVE A  
JEROME, ID 83338

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133 WEST AVE A

JEROME, ID 83338

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Pres. J Robin Kinsey	PO BOX 583	Jerome	ID	83338-0583

5. Organized Under the Laws of:

IDAHO  
C 86214

6.

Signature

Name (Typed or Printed)

Date

Title

*J Robin Kinsey*  
*Ann Kinsey*  
10/03  
*Sec*