

No. C 99150	Due no later than Jul 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 LOST RIVER PHARMACY, INC. DIANA L. NIELSON P O BOX 591 MACKAY, ID 83251		DIANA L. NIELSON 4133 HWY 93 N LESLIE, ID 83255
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

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	Diana L Nielson	4133 N Hwy 93	Leslie	Id	83255
VPres	Robert N Nielson	4133 N Hwy 93	Leslie	Id	83255
Sec & Treas.	Diana L Nielson	↑	Leslie	Id	83255
Director	Robert N Nielson	same 4133 N Hwy 93	Leslie	Id	83255

5. Organized Under the Laws of: IDAHO C 99150	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Diana L Nielson Pres</u></td> <td style="width: 40%;">Date <u>6/16/03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Diana L Nielson</u></td> <td>Title <u>Pres.</u></td> </tr> </table>	Signature <u>Diana L Nielson Pres</u>	Date <u>6/16/03</u>	Name (Typed or Printed) <u>Diana L Nielson</u>	Title <u>Pres.</u>
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Name (Typed or Printed) <u>Diana L Nielson</u>	Title <u>Pres.</u>				