No. <b>C 148953</b>	Due no later than Apr 30, 2015		<ol><li>Registered Ager</li></ol>	2. Registered Agent and Address (NO PO BOX)			
Return to:		nnual Report Form		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  AMERICAN RECOVERY SERVICE INCORPORATED MICHAEL P LAVIGNE 555 ST CHARLES DR STE 100 THOUSAND OAKS CA 91360						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF	THOUSAND OAKS	THOUSAND DAKS CA 91300					
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ness Addresses of Pre	sident, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT THOMAS C	BAXTER	555 ST CHARLES DR STE 100	THOUSAND OAKS	S CA	USA	91360	
DIRECTOR WILLIAM LA	ECTOR WILLIAM LANE MCCARTHY		THOUSAND OAKS	S CA	USA	91360	
5. Organized Under the Laws of: 6. Annual Report		must be signed.*					
CA Signature: The		mas C. Baxter Date: 04/21/2015					
<b>C 148953</b> Name (typ		or print): Thomas C. Baxter Title: President					
Processed 04/21/2015	* Electronically prov	ided signatures are accepted as original s	signatures.				