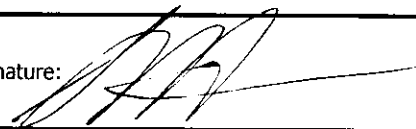
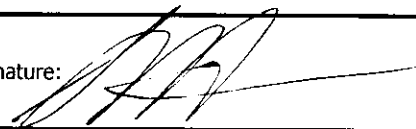
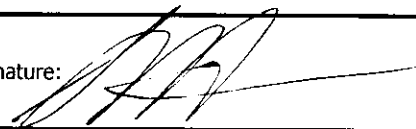


No. W 117183	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) SIRANOVSH HANCE 5210 CLEVELAND BLVD #140-304 CALDWELL ID 83607
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. INTERCEPT RECOVERY & REDEMPTION INVESTIGATIONS LLC. SIRANOUSH HANCE 5210 CLEVELAND BLVD #140-304 CALDWELL ID 83607		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Siranoush Hance	2715 Summercrest St.	Caldwell	ID	Canyon	83607
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 117183 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>1-16-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Siranoush Hance</u> </td> <td> Title: _____ </td> </tr> </table>	Signature: 	Date: <u>1-16-15</u>	Name (type or print): <u>Siranoush Hance</u>	Title: _____
Signature: 	Date: <u>1-16-15</u>				
Name (type or print): <u>Siranoush Hance</u>	Title: _____				

Issued 01/16/2015 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM