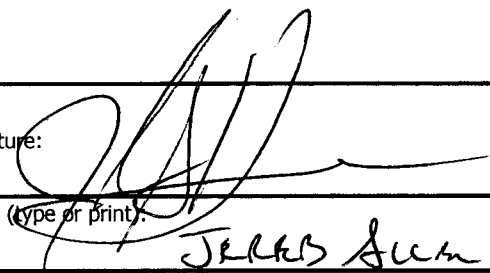


No. W 149380	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) JEREB ALLEN 10624 W EXECUTIVE DR BOISE ID 83713 502 E. BOWEN ST MERIDIAN, ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. UNITED RECOVERY SERVICES OF IDAHO, LLC 10624 W EXECUTIVE DR BOISE ID 83713 USA PO BOX 431 MERIDIAN, ID 83680		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	JEREB ALLEN	7716 JEWELL RD	LAMPA	ID	CAVON	83627
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 149380</div>	6. Signature:  <hr/> Name (type or print): JEREB ALLEN <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 7/15/16 <hr/> Title: MANAGER <hr/> </div> </div>
---	---

Issued 07/15/2016 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM