No. **W 90737**	**Due no later than Feb 28, 2013**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ADMIN RECOVERY LLC FRANK PARISI 9159 MAIN ST CLARENCE NY 14031 USA	INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	FRANK PARISI	9159 MAIN ST.	CLARENCE	NY	USA	14031

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NY **W 90737**	Signature: Frank Parisi	Date: 02/14/2013
	Name (type or print): Frank Parisi	Title: Manager

Processed 02/14/2013

* Electronically provided signatures are accepted as original signatures.