

No. W 143469		Due no later than Oct 31, 2016		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. VITAL RECOVERY SERVICES, LLC 3795 DATA DR SUITE 200 PEACHTREE CORNERS GA 30092 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> 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	CHRISTOPHER J SHULER	3795 DATA DRIVE SUITE 200	PEACHTREE CORNERS	GA	USA	30092	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
GA W 143469		Signature: Christopher J. Shuler				Date: 11/09/2016	
		Name (type or print): Christopher J. Shuler				Title: Manager	
Processed 11/09/2016		* Electronically provided signatures are accepted as original signatures.					