No. W 43328 Return to:		Du	e no later than Oct 31, 2013	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing A					
		RECOVERY PARTNERS, LLC SANDRA ELHABBAS CORNERSTONE SUPPORT INC 70 MANSELL COURT, SUITE 250					
		ROSWELL GA 30076		3. New Registered Agent Signature:*			
4. Limited Liability Com	panies: Enter Na	mes and Addresse	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	BENJAMIN [) LEWIS	4151 N. MARSHALL WAY, SUITE 12	SCOTTSDALE	AZ	USA	85251
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
AZ W 43328		Signature: Be		Date: 10/29/2013			
		Name (type or print): Benjamin Lewis			Title: Manager		
Processed 10/29/2013		* Electronically p	rovided signatures are accepted as original sig	natures.			