No. C 157461	D	Due no later than Nov 30, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		WADE L WOODARD				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.			802 W BANNOCK STE 500 BOISE ID 83702			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RICHELE RAI	CASCADE RECOVERY & SERVICES, INC. RICHELE RAPP PO BOX 1610 580 N MAIN STREET CASCADE ID 83611		BOISE ID 63702				
	580 N MAIN S			3. New Registered Agent Signature:*				
NO FILING FEE IF	CASCADE ID							
RECEIVED BY DUE DATE								
4. Corporations: Enter Names and I	Business Addresses of	f President, Secretary, and Directors. Treasurer	(optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
PRESIDENT RICHELE RAPP		PO BOX 1610 75 W PROSPECTORS	CASCADE	ID	USA	83611		
5. Organized Under the Laws of: 6. Annual Report		rt must be signed.*						
ID Signature: Ric		ichele Rapp	e Rapp Date: 09/09/2009					
C 157461	Name (type	Name (type or print): Richele Rapp		Title: President				
Processed 09/09/2009	* Electronically	* Electronically provided signatures are accepted as original signatures.						