No. W 21195		Due no later than Oct 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. FEDCHEX RECOVERY, LLC CARRIE J SHUSTER TWO VENTURE PLAZA 2 VENTURE, SUITE 300 IRVINE CA 92618-7398 USA		2. Registered Agent and Address (NO PO BOX) BETTY NICHOLS 2691 N BOBCAT WAY MERIDIAN ID 83642 3. New Registered Agent Signature:*											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE															
								4. Limited Liability Com	panies: Enter Na	mes and Addresses of at	least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	RODNEY K I	DAVIS	TWO VENTURE PLAZA 2 VENTURE, SUITE 300	IRVINE	CA	USA	92618-7398								
MANAGER	EDWARD AF	RNOLD	TWO VENTURE PLAZA 2 VENTURE, SUITE 300	IRVINE	CA	USA	92618-7398								
5. Organized Under th	e Laws of:	6. Annual Report must	be signed.*												
CA W 21195		Signature: Carrie J.	Date: 10/04/2010												
		Name (type or print): Carrie J. Shuster			Title: Bookkeeper										
Processed 10/04/2010	* Electronically provided signatures are accepted as original signatures.														