No.	W 13102	Due no later than 10/31/2009	2. Registered Agent and Address (NO PO BOX)	
Return to:		Annual Report Form	KIMBERLY COX	
SECRETARY OF STATE 450 NORTH FOURTH STREET		1. Mailing Address: Correct in this box if needed.		
) f	PO BOX 83720 BOISE, ID 83720-0080	RECOGNITION EXPRESS, L.C. PO BOX 412 4116 3 MILE Rd WEIPPE ID 83553	4116 3 mile Ra	
	NO FILING FEE IF CEIVED BY DUE DATE		3. <u>New</u> Registered Ager	nt Signature:
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.				
Offic	e Held Name	Street or PO Address	City	State Zip
To	104 COX	4116 3 mile Rd	weippe	14 83553
R	everly Bailer	una 2 mil. Ro	1 Weippe	id 83553
K	imberly Cox	4116 3 mile R	ld Weippe	े ।व
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5. Organized Under the Laws of: 6. Annual Report must be signed.				
	ID	Signature: Signature: OX	Date:	8-1809
	W 13102	Name(type or print): Ki Wolf (Title:	Secretary
Issu	ued 8/25/2009 by SLD			200910004532