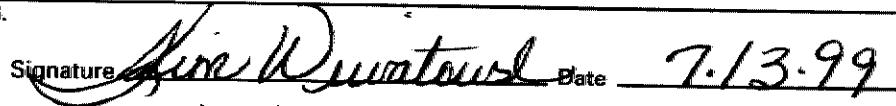


No. W 971		Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>		1. Mailing Address - Please Correct, If Not Correct  ACTION RECOVERY, LTD CO. KIM WIWATOWSKI PO BOX 2524		KIM WIWATOWSKI 527 BROWN AVE  OROFINO ID 83544	
<b>* FIRST NOTICE *</b>		OROFINO	ID 83544	3. Organized Under the Laws of:  ID W 971	
1. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Kim Wiwatowski	P.O. Box 2524	Orofino	ID	83544
Manager	Alan Wiwatowski	P.O. Box 2524	Orofino	ID	83544
Signature of New Registered Agent		6.  Signature _____ Date _____			
		Name (Typed or Printed) <u>Kim Wiwatowski</u> Title <u>Manager</u>			

ISSUED: 07-03-1999

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