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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------|--------------------------------|-------------|--|
| No. <b>C 139641</b>                                                                                                                                    |              | <b>Due no later than Jun 30, 2018</b>                                                                                                             |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |                                |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>IMMEDIATE CREDIT RECOVERY, INC.<br>6 NEPTUNE RD STE 110<br>POUGHKEEPSIE NY 12601 |              | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |                                |             |  |
|                                                                                                                                                        |              |                                                                                                                                                   |              | 3. <u>New</u> Registered Agent Signature:*                         |                                |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |              |                                                                                                                                                   |              |                                                                    |                                |             |  |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                              | City         | State                                                              | Country                        | Postal Code |  |
| DIRECTOR                                                                                                                                               | EFRAIM ROA   | 6 NEPTUNE ROAD SUITE 110                                                                                                                          | POUGHKEEPSIE | NY                                                                 | USA                            | 12601       |  |
| PRESIDENT                                                                                                                                              | FELIPE YANES | 3330 CHASTAIN MEADOWS PARKWAY<br>SUITE 100                                                                                                        | KENNESAW     | GA                                                                 | USA                            | 30144       |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                 |              |                                                                    |                                |             |  |
| <b>NY</b><br><b>C 139641</b>                                                                                                                           |              | Signature: Efraim Roa<br>Name (type or print): Efraim Roa                                                                                         |              |                                                                    | Date: 06/05/2018<br>Title: CEO |             |  |
| Processed 06/05/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                         |              |                                                                    |                                |             |  |