

No. <b>W 88269</b>		<b>Due no later than Nov 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LIEN ON ME RECOVERY, LLC. JENNIFER M MAXWELL 2020 POWERS DR LEWISTON ID 83501 USA		JENNIFER M KILLMAR 2020 POWERS DR LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JENNIFER M MAXWELL	2020 POWERS DRIVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID W 88269</b>		6. Annual Report must be signed.* Signature: Jennifer M Maxwell Name (type or print): Jennifer M Maxwell					
Date: 09/19/2011 Title: Owner/Manager							
Processed 09/19/2011		* Electronically provided signatures are accepted as original signatures.					