FILED EFFECTIVE



STATEMENT OF CHANGE OF REGISTERED AGENT, 2814 MAY -5 P REGISTERED OFFICE, OR BOTH (See reverse for instructions)

e name of the entity is:	
NHANCED RECOVERY COM	IPANY, LLC
on name and street address (of its <u>old</u> registered agent and office is:
ORPORATION SERVICE CO.	
2550 W EXPLORER DR STE	
OOISE, ID 83713	
, 0100,	
	the state of the leading in
	of its <u>new</u> registered agent and office is:
C T Corporation System	
21 S Orchard Street, Suite G, B	oise, Idaho 83705
(not a PO box or PMB)	
	and the second orbits
donsent to serve as registere	ed agent for the above-named entity.
Melli VIII	Michele Miller
ignature of new registered agent) 5/2/2014	Assistant Secretary
Dale)	
	Dated: 5/2/2014
	Signature: Signature Signature
	Printed: Jeanne Nelson
	Capacity: Manager
	A !! [Vidilago]

FILE ONE COPY

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NO FEE REQUIRED