No. <b>C 180649</b>		Due no later than Oct 31, 2009		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL S	MICHAEL S MCCLARY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RECOVERY & RECREATION, INC.  MICHAEL S MCCLARY  PO BOX 112  BOISE ID 83701		BOISE ID	6150 E GATEWAY BOISE ID 83716  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		5022 15 05/01						
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR ALLAN FIDLER DIRECTOR ALEXANDRIA DELIS ABRAMS PHD DIRECTOR JASON MONTELEONE DIRECTOR RENEE B KADING		2700 WYMER ST 110 SWEETBRIAR 405 S 8TH ST 902 W HAYS ST	BOISE KETCHUM BOISE BOISE	ID ID ID	USA USA USA USA	83705 83340 83702 83702		
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID C 180649		Signature: Michael Mcclary			Date: 08/21/2009			
		Name (type or print)		Title: President				
Processed 08/21/2009		* Electronically provided	I signatures are accepted as original	nal signatures.				