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| No. C 112717 | | Due no later than Nov 30, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. PERFORMANT RECOVERY, INC. REBEKAH MACIAS 333 N CANYONS PKWY SUITE 100 LIVERMORE CA 94551 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 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 | HAKAN ORVELL | 333 NORTH CANYONS PKWY SUITE 100 | LIVERMORE | CA | USA | 94551 |
| TREASURER | HAKAN ORVELL | 333 NORTH CANYONS PKWY SUITE 100 | LIVERMORE | CA | USA | 94551 |
| DIRECTOR | LISA IM | 333 NORTH CANYONS PKWY SUITE 100 | LIVERMORE | CA | USA | 94551 |
| PRESIDENT | HAROLD T LEACH, JR. | 333 NORTH CANYONS PKWY SUITE 100 | LIVERMORE | CA | USA | 94551 |
| SECRETARY | HAKAN ORVELL | 333 NORTH CANYONS PKWY SUITE 100 | LIVERMORE | CA | USA | 94551 |
| 5. Organized Under the Laws of: CA C 112717 | | 6. Annual Report must be signed.* Signature: Hakan Orvell Name (type or print): Hakan Orvell Date: 11/21/2016 Title: CFO/Secretary/Director | | | | |
| Processed 11/21/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |