No. C 210107		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANCED CREDIT MANAGEMENT, INC. 1117 OREM UT 84057		2. Registered Agent and Address (NO PO BOX)			
Return to:				ANNUAL \$46.00- BLAKE'S REGISTE 19593 MADISON ROAD NAMPA ID 83687 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
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	R MERILEE JONES		825 N 900 W	OREM	UΤ		84057
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
υτ		Signature:	Merilee Jones	Date: 07/21/2017			
C 210107		Name (type	e or print): Merilee Jones	Title: Director			
Processed 07/21/2017 * Electronically provided signatures are accepted as original signatures.							