

No. C 101838		Due no later than Apr 30, 2014 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. STATE RECOVERY, INC. CRAIG STALLINGS 43 W 215 N BLACKFOOT ID 83221		CRAIG STALLINGS 43 W 215 N BLACKFOOT ID 83221			
						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	
PRESIDENT	CRAIG B STALLINGS	43 WEST 215 NORTH	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 101838		6. Annual Report must be signed.* Signature: Craig Stallings Name (type or print): Craig Stallings Date: 02/11/2014 Title: President					
Processed 02/11/2014 * Electronically provided signatures are accepted as original signatures.							