No. J 2773	Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addres	iling Address: Correct in this box if needed.  DENT RECOVERY SPECIALISTS LLP/ARS  ING  STATE ST		ALECIA ROCK 820 S FLORENCE ST NAMPA ID 83686		
no filing fee if Received by due Date				3. <u>New</u> Regis	stered Agent Si	ignature.
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.  Partners Name Street or PO Address City State Country Postal Code						
Mike R Alecia		820 S Plurance St.	Na	mpa Fd	. USA	83686
5. Organized Under the Lav IDAHO J 2773	Signature:	a Rock or print): 2 cai Rock			Titles	9-18 en Partia
Issued 06/19/2018 by online	<u> </u>					132428