

No. C 105945	Due no later than Apr 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. ASSET RECOVERY GROUP, INC. TERRY GEOPFERT PO BOX 14949 PORTLAND OR 97293	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713																																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*																																										
<table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MICHAEL G SCHINDLER</td> <td>PO BOX 14949</td> <td>PORTLAND</td> <td>OR</td> <td>USA</td> <td>97293</td> </tr> <tr> <td>TREASURER</td> <td>TERRIE HANDY</td> <td>815 NE DAVIS</td> <td>PORTLAND</td> <td>OR</td> <td>USA</td> <td>97232</td> </tr> <tr> <td>SECRETARY</td> <td>TERRY L GEOPFERT</td> <td>PO BOX 14949</td> <td>PORTLAND</td> <td>OR</td> <td>USA</td> <td>97293</td> </tr> <tr> <td>DIRECTOR</td> <td>MICHAEL G SCHINDLER</td> <td>PO BOX 14949</td> <td>PORTLAND</td> <td>OR</td> <td>USA</td> <td>97293</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>TIMOTHY FLEISCHMANN</td> <td>334 SE 8TH AVE</td> <td>HILLSBORO</td> <td>OR</td> <td>USA</td> <td>97123</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	MICHAEL G SCHINDLER	PO BOX 14949	PORTLAND	OR	USA	97293	TREASURER	TERRIE HANDY	815 NE DAVIS	PORTLAND	OR	USA	97232	SECRETARY	TERRY L GEOPFERT	PO BOX 14949	PORTLAND	OR	USA	97293	DIRECTOR	MICHAEL G SCHINDLER	PO BOX 14949	PORTLAND	OR	USA	97293	VICE PRESIDENT	TIMOTHY FLEISCHMANN	334 SE 8TH AVE	HILLSBORO	OR	USA	97123		
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5. Organized Under the Laws of: OR C 105945	6. Annual Report must be signed.* Signature: Terry Geopfert Name (type or print): Terry Geopfert Date: 04/29/2016 Title: Secretary																																											
Processed 04/29/2016		* Electronically provided signatures are accepted as original signatures.																																										