| No. <b>W 104809</b>  |                           | Due no later than Jul 31, 2017  |  | 2. Registered Agent and Address (NO PO BOX)                                  |             |             |             |
|--|---------------------------|---|--|--|-------------|-------------|-------------|
| Return to:   |                           | Annual Report Form  |  | BRECK H BARTON   |             |             |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                           | 1. Mailing Address: Correct in this box if needed.  ACCOUNT RECOVERY SERVICES, LLC BRECK H BARTON PO BOX 100 REXBURG ID 83440 |  | 70 N CENTER ST SUITE 2 REXBURG ID 83440  3. New Registered Agent Signature:* |             |             |             |
| NO FILING<br>RECEIVED BY I   | DUE DATE                  |   | h look oo Mankay ay Managay                            |  |             |             |             |
| 4. Limited Liability Com Office Held   | ipanies: Enter Na<br>Name | mes and Addresses of a  | t least one Member or Manager.<br>Street or PO Address | Cib  | Ctata       | Country     | Postal Code |
| MEMBER   | BRECK H. BARTON           |   | 70 N. CENTER SUITE 2 P.O. BOX 100                      | City<br>REXBURY  | State<br>ID | Country USA | 83440       |
| 5. Organized Under the Laws of:  |                           | 6. Annual Report must be signed.*   |  |  |             |             |             |
| ID<br>W 104809   |                           | Signature: Breck Barton   |  | Date: 05/19/2017   |             |             |             |
|  |                           | Name (type or print)  | Title: Member  |  |             |             |             |
| Processed 05/19/2017   |                           | * Electronically provide  | d signatures are accepted as original sign             | atures.  |             |             |             |