

No. C 179317		Due no later than Jul 31, 2009 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. CONSUMER RECOVERY NETWORK, INC. MICHAEL BOVEE 217 CEDAR ST #281 SANDPOINT ID 83864		ANDREW T PLATTE CPA 515 PINE ST STE 1 SANDPOINT ID 83864			
						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	MICHAEL P BOVEE	217 CEDAR ST #281	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: NV C 179317		6. Annual Report must be signed.* Signature: Michael Bovee Name (type or print): Michael Bovee					
		Date: 07/24/2009 Title: President					
Processed 07/24/2009 * Electronically provided signatures are accepted as original signatures.							