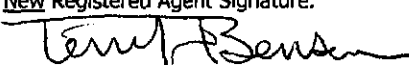
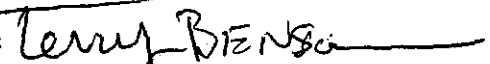


No. W 92144 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Apr 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO RECOVERY SPECIALIST LLC PO BOX 636 MERIDIAN ID 83680	2. Registered Agent and Office (NOT A P.O. BOX) DANIEL ECKERT JR TERRY BENSON 4630 ADAMS ST 216 W 39 BOISE ID 83714 GARDEN CITY 83713 3. New Registered Agent Signature. 												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member 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><u>Manager Member</u> (circle one) TERRY BENSON</td> <td>641 TIFFANY DR</td> <td>MERIDIAN</td> <td>ID</td> <td>ADA</td> <td>83646</td> </tr> </tbody> </table>			Manager or Member Name	Street or PO Address	City	State	Country	Postal Code	<u>Manager Member</u> (circle one) TERRY BENSON	641 TIFFANY DR	MERIDIAN	ID	ADA	83646
Manager or Member Name	Street or PO Address	City	State	Country	Postal Code									
<u>Manager Member</u> (circle one) TERRY BENSON	641 TIFFANY DR	MERIDIAN	ID	ADA	83646									
5. Organized Under the Laws of: IDAHO W 92144	6. Signature:  Date: 4-29-11 Name (type or print): TERRY BENSON Title: OWNER													
Issued 04/29/2011 by JLI 122946														