

No. <b>W 43328</b>		<b>Due no later than Oct 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> RECOVERY PARTNERS, LLC LAUREN OSTUNI CORNERSTONE SUPPORT INC 11111 HOUZE RD STE 200 ROSWELL GA 30076		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BENJAMIN D LEWIS	4151 N. MARSHALL WAY, SUITE 12	SCOTTSDALE	AZ	USA	85251	
5. Organized Under the Laws of:  <b>AZ W 43328</b>		6. Annual Report must be signed.*					
		Signature: Benjamin Lewis				Date: 08/24/2010	
		Name (type or print): Benjamin Lewis				Title: Manager	
Processed 08/24/2010		* Electronically provided signatures are accepted as original signatures.					