No. W 80279		Due no later than Dec 31, 2014		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			GERYLYN WALKER 239 RANCH VIEW EAST JEROME 83338 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RECOVERY ROCKS, LLC GERLYN WALKER 239 RANCH VIEW EAST JEROME ID 83338		•				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of a	least one Member or Manager.					
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MEMBER GERLYN WAL		LKER	239 RANCH VIEW EAST	JI	EROME	ID	USA	83338
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gerlyn Walker			Date: 10/29/2014			
W 80279		Name (type or print): Gerlyn Walker			Title: Agent			
Processed 10/29/2014 * Electronically provided signatures are accepted as original signatures.								