

|                                                                                                                                                        |                 |                                                                                                                                                     |         |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 104809</b>                                                                                                                                    |                 | <b>Due no later than Jul 31, 2018</b>                                                                                                               |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ACCOUNT RECOVERY SERVICES, LLC<br>BRECK H BARTON<br>PO BOX 100<br>REXBURG ID 83440 |         | BRECK H BARTON<br>70 N CENTER ST SUITE 2<br>REXBURG ID 83440 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                     |         | 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      |  |
| MEMBER                                                                                                                                                 | BRECK H. BARTON | 70 N. CENTER SUITE 2 P.O. BOX 100                                                                                                                   | REXBURY | ID                                                           | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                   |         |                                                              |         |                  |  |
| <b>ID<br/>W 104809</b>                                                                                                                                 |                 | Signature: Breck Barton                                                                                                                             |         |                                                              |         | Date: 05/24/2018 |  |
|                                                                                                                                                        |                 | Name (type or print): Breck Barton                                                                                                                  |         |                                                              |         | Title: Member    |  |
| Processed 05/24/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                              |         |                  |  |