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| No. W 90737 | | Due no later than Feb 29, 2012 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ADMIN RECOVERY LLC FRANK PARISI 9159 MAIN ST CLARENCE NY 14031 USA | | INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 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 | FRANK PARISI | 9159 MAIN ST. | CLARENCE | NY | USA 14031 |
| 5. Organized Under the Laws of: NY W 90737 | | 6. Annual Report must be signed.* Signature: Frank Parisi Name (type or print): Frank Parisi Date: 02/14/2012 Title: Managing Member | | | |
| Processed 02/14/2012 | | * Electronically provided signatures are accepted as original signatures. | | | |