

No. <b>W 53185</b>		Due no later than Aug 31, 2009 <b>Annual Report Form</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> DCM SERVICES, LLC 4150 OLSON MEMORIAL HWY STE 200 MINNEAPOLIS MN 55422		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 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
MEMBER	DECEASED	CREDIT MANAGEMENT, LL 4150 OLSON MEMORIAL HWY STE 200	MINNEAPOLIS	MN	USA 55422
5. Organized Under the Laws of:  <b>DE W 53185</b>		6. Annual Report must be signed.* Signature: Anne Meyer Name (type or print): Anne Meyer Date: 07/11/2009 Title: Poa			
Processed 07/11/2009		* Electronically provided signatures are accepted as original signatures.			