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| No. W 69491 | | Due no later than Dec 31, 2008 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COLUMN RECOVERY GROUP, LLC TIM EBERLE 1446 ABBOTT RD. LACKAWANNA NY 14218 USA | | CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name TIMOTHY E EBERLE | Street or PO Address 1446 ABBOTT RD. | | City LACKAWANNA | State NY | Country USA | Postal Code 14218 |
| 5. Organized Under the Laws of: NY W 69491 | | 6. Annual Report must be signed.* Signature: Tim Eberle Name (type or print): Tim Eberle Date: 02/20/2009 Title: Vp | | | | | |
| Processed 02/20/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | |