No. C 179317			Due no later than Jul 31, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ANDREW T PLATTE CPA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing	Address: Correct in this box if neede	Q.F	515 PINE ST STE 1 SANDPOINT ID 83864			
		CONSUMER RECOVERY NETWORK, INC. MICHAEL BOVEE 217 CEDAR ST #281						
		SANDPOINT ID 83864		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busi	ness Addresses	of President, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL P	BOVEE	217 CEDAR ST #281	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV C 179317		Signature: Michael Bovee			Date: 05/20/2015			
		Name (type	e or print): Michael Bovee		Title: President			
Processed 05/20/2015		* Electronically	provided signatures are accepted as original	nal signatures.			_	