

No. <b>W 90737</b>		<b>Due no later than Feb 28, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ADMIN RECOVERY LLC FRANK J PARISI 45 EARHART DRIVE SUITE 102 WILLIAMSVILLE NY 14221 USA		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE 83705	
				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	45 EARHART DRIVE SUITE 102	WILLIAMSVILLE	NY	USA 14221
5. Organized Under the Laws of:  <b>NY W 90737</b>		6. Annual Report must be signed.* Signature: Frank J. Parisi Name (type or print): Frank J. Parisi Date: 12/16/2014 Title: Manager			
Processed 12/16/2014		* Electronically provided signatures are accepted as original signatures.			