No. **W 24648**	**Due no later than Jun 30, 2013** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** GRAVITY RECOVERY, LLC LARRY F MASHBURN 516 NE BEAMAN ST MOUNTAIN HOME ID 83647	LARRY F MASHBURN 516 NE BEAMAN ST. MOUNTAIN HOME ID 83647 3. New 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	LARRY F MASHBURN	200 E 39TH NORTH	MOUNTAIN HOME	ID	USA	83647

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 24648**	Signature: Lsrry Mashburn	Date: 06/10/2013
	Name (type or print): Lsrry Mashburn	Title: Owner

Processed 06/10/2013

* Electronically provided signatures are accepted as original signatures.