

**STATEMENT OF CHANGE OF REGISTERED OFFICE
FILED EFFECTIVE OR REGISTERED AGENT, OR BOTH**

File #: J0000983

The undersigned entity submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

1. The name of the entity is: CERTIFIED RECOVERY SYSTEMS LLP
2. The street address of its present registered office is: 5527 Kendall St., Boise, ID 83706
3. The street address (not a P.O. box) to which its registered office is to be changed is: 1401 Shoreline Drive, Suite 2, Boise, ID 83702
4. The name of its old registered agent is: LexisNexis Document Solutions Inc.
5. The name of its new registered agent is: _____
6. The address of the registered office and the business address of the registered agent are identical.

NOV 21 2003

Dated: _____

Signed: 

Printed: John A. Bounds II,

Capacity: Asst. Sec. for LexisNexis Document Solutions, Inc.

I consent to serve as registered agent
for the above-named entity.

(See reverse for instructions)

(Signature of new registered agent)

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SECRETARY OF STATE
STATE OF IDAHO