No. <b>C 145529</b>		Due no later than Sep 30, 2008	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALKIRE & COMPANY PLLC 205 N 10TH ST STE 300 BOISE ID 83702  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ACCESS RE MICHELLE J 6477 FAIRV	1. Mailing Address: Correct in this box if needed.  ACCESS RECOVERY SERVICE, INC. MICHELLE JAMISO PRESIDENT 6477 FAIRVIEW AVE. STE F BOISE ID 83704					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MICHELLE JAMISON		6477 FAIRVIEW AVE STE F	BOISE	ID	USA	83704	
5. Organized Under the Laws of: 6. Annual Repo		ort must be signed.*					
ID Signature: 0		Crystal Samson	Date: 07/17/2008				
C 145529	Name (type	e or print): Crystal Samson	Title: Office Administrator				
Processed 07/17/2008	* Electronically	* Electronically provided signatures are accepted as original signatures.					