No. C 179317		Due no later than Jul 31, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ANDREW T PLATTE CPA 515 PINE ST STE 1 SANDPOINT ID 83864			
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.						
		CONSUMER RECOVERY NETWORK, INC. MICHAEL BOVEE 217 CEDAR ST #281						
		SANDPOINT ID 83864		3. <u>New</u> I	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	SANDP	OINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV C 179317		Signature: Michael Bovee			Date: 08/06/2010			
		Name (type or print): Michael Bovee			Title: President			
Processed 08/06/2010	_	* Electronically	provided signatures are accepted as origi	nal signatures.				_