

No. <b>C 128349</b>		<b>Due no later than Apr 30, 2018</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  CONVERGENT HEALTHCARE RECOVERIES, INC. 121 NE JEFFERSON STREET SUITE 100 PEORIA IL 61602		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL MEYER	121 NE JEFFERSON STREET	SUITE 100 PEORIA	IL	USA	61602	
SECRETARY	JOSEPH PARTAIN	121 NE JEFFERSON STREET	SUITE 100 PEORIA	IL	USA	61602	
DIRECTOR	MICHAEL MEYER	121 NE JEFFERSON STREET	SUITE 100 PEORIA	IL	USA	61602	
5. Organized Under the Laws of:  <b>IL</b> <b>C 128349</b>		6. Annual Report must be signed.*  Signature: Mandy Hendricks Name (type or print): Mandy Hendricks					
		Date: 03/26/2018 Title: POA					
Processed 03/26/2018      * Electronically provided signatures are accepted as original signatures.							