No. **W 90737**	**Due no later than Feb 28, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ADMIN RECOVERY LLC FRANK J PARISI 45 EARHART DRIVE SUITE 102 WILLIAMSVILLE NY 14221 USA	INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA 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	FRANK J PARISI	45 EARHART DRIVE SUITE 102	WILLIAMSVILLE	NY	USA	14221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NY **W 90737**	Signature: Frank Parisi	Date: 02/25/2014
	Name (type or print): Frank Parisi	Title: Manager

Processed 02/25/2014

* Electronically provided signatures are accepted as original signatures.