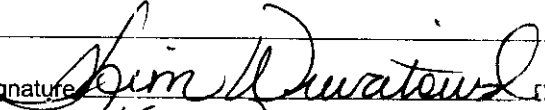


No. W 971	Due no later than Mar 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ACTION RECOVERY, LTD CO. KIM WIWATOWSKI PO BOX 2524 OROFINO, ID 83544		KIM WIWATOWSKI 527 BROWN AVE OROFINO, ID 83544 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Kim Wiwatoski</td> <td>PO Box 2524</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Kim Wiwatoski	PO Box 2524	Orofino	ID	83544
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
manager	Kim Wiwatoski	PO Box 2524	Orofino	ID	83544										
5. Organized Under the Laws of: IDAHO W 971	6.  Signature _____ Date <u>1-18-03</u> Name (Typed or Printed) <u>Kim Wiwatoski</u> Title <u>Manager</u>														