No. <b>W 75410</b>			2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		201000000000000000000000000000000000000	LORINDA D SCHOENWALD 17613 N. ARMSTEAD AVE. NAMPA ID 83687			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  A+ SERVICE AND RECOVERY LLC LORINDA D SCHOENWALD 259 CEDAR AVE KUNA ID 83634						
			3. <u>New</u> Re	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MEMBER LORINDA D	SCHOENWALD	17613 N. ARMSTEAD AVE.	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:	6. Annual Report must						
ID	Signature: Lorinda S		Date: 08/25/2010				
W 75410	W 75410 Name (type or print): Lorinda Schoenwald			Title: Member			
Processed 08/25/2010	* Electronically provided signatures are accepted as original signatures.						