

No. C 179317	Due no later than Jul 31, 2013 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. CONSUMER RECOVERY NETWORK, INC. MICHAEL BOVEE 217 CEDAR ST #281 SANDPOINT ID 83864		ANDREW T PLATTE CPA 515 PINE ST STE 1 SANDPOINT ID 83864			
			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 P BOVEE	217 CEDAR ST #281	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: IN C 179317	6. Annual Report must be signed.* Signature: Michael Bovee Name (type or print): Michael Bovee		Date: 08/03/2013 Title: President			
Processed 08/03/2013		* Electronically provided signatures are accepted as original signatures.				