

No. **W 10969****Due no later than January 31, 2006**
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**ACCOUNTS MANAGEMENT COLLECTIONS L.L.
TIM C WILDER
6125 FRANKLIN RD
BOISE, ID 83709TIM C WILDER
6125 FRANKLIN RD
BOISE, ID 83709**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

MANAGER TIM C WILDER 6125 FRANKLIN RD. BOISE ID 83709

5. Organized Under the Laws of:

IDAHO
W 10969

6.

Signature

*Tim C. Wilder*Date *11/07/05*Name (Typed or
Printed)

TIM C. WILDER

Title *MANAGER*

Issued 11/01/2005

Do Not Tape or Staple

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