

No. C 157461		Due no later than Nov 30, 2010 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. CASCADE RECOVERY & SERVICES, INC. RICHELE RAPP PO BOX 1610 580 N MAIN STREET CASCADE ID 83611		WADE L WOODARD 802 W BANNOCK STE 500 BOISE ID 83702			
						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	RICHELE RAPP	PO BOX 1610 75 W PROSPECTORS	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: ID C 157461		6. Annual Report must be signed.* Signature: Richele Rapp Name (type or print): Richele Rapp					
		Date: 09/14/2010 Title: President					
Processed 09/14/2010 * Electronically provided signatures are accepted as original signatures.							