

|  |              |   |         |   |         |                  |  |
|--|--------------|---|---------|---|---------|------------------|--|
| No. <b>C 157461</b>  |              | <b>Due no later than Nov 30, 2010</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CASCADE RECOVERY & SERVICES, INC.<br>RICHELE RAPP<br>PO BOX 1610<br>580 N MAIN STREET<br>CASCADE ID 83611 |         | WADE L WOODARD<br>802 W BANNOCK STE 500<br>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:  |              | 6. Annual Report must be signed.*   |         |   |         |                  |  |
| <b>ID</b><br><b>C 157461</b>   |              | Signature: Richele Rapp   |         |   |         | Date: 09/14/2010 |  |
|  |              | Name (type or print): Richele Rapp  |         |   |         | Title: President |  |
| Processed 09/14/2010   |              | * Electronically provided signatures are accepted as original signatures.   |         |   |         |                  |  |