

No. W 971	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct if Not Correct ACTION RECOVERY, LTD CO. KIM WIWATOWSKI PO BOX 2524 OROFINO ID 83544		KIM WIWATOWSKI 527 BROWN AVE OROFINO ID 83544 3. Organized Under the Laws of: ID W 971																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Kim Wiwatowski</td> <td>PO Box 2524</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>manager</td> <td>Alan Wiwatowski</td> <td>PO Box 2524</td> <td>Orofino</td> <td>ID</td> <td>83544</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	manager	Kim Wiwatowski	PO Box 2524	Orofino	ID	83544	manager	Alan Wiwatowski	PO Box 2524	Orofino	ID	83544
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5. SIGNATURE OF CURRENT RA		6. <table border="1"> <tr> <td>Signature</td> <td><i>Kim Wiwatowski</i></td> <td>Date</td> <td>7.14.97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Kim Wiwatowski</td> <td>Title</td> <td>Manager</td> </tr> </table>			Signature	<i>Kim Wiwatowski</i>	Date	7.14.97	Name (Typed or Printed)	Kim Wiwatowski	Title	Manager										
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ISSUED: 07-04-1997		1547 (DO NOT TAPE OR STAPLE)																				