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| No. C 101838 | | Due no later than Apr 30, 2009 | | 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 | | Annual Report Form | | CRAIG STALLINGS 43 W 215 N BLACKFOOT ID 83221 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | STATE RECOVERY, INC. CRAIG STALLINGS 43 W 215 N BLACKFOOT ID 83221 | | | | | |
| 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 | CRAIG B STALLINGS | 43 WEST 215 NORTH | BLACKFOOT | ID | USA | 83221 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 101838 | | Signature: Craig Stallings | | | Date: 02/17/2009 | | |
| | | Name (type or print): Craig Stallings | | | Title: President | | |
| Processed 02/17/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |