

No. W 90737	Due no later than Feb 29, 2016 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. ADMIN RECOVERY LLC FRANK J PARISI 45 EARHART DRIVE SUITE 102 WILLIAMSVILLE NY 14221		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	FRANK PARISI	45 EARHART DRIVE SUITE 102	WILLIAMSVILLE	NY	USA	14221
5. Organized Under the Laws of: NY W 90737	6. Annual Report must be signed.* Signature: FRANK PARISI Name (type or print): FRANK PARISI		Date: 02/26/2016 Title: Manager			
Processed 02/26/2016		* Electronically provided signatures are accepted as original signatures.				