No. C 179905	Due no	Due no later than Aug 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:	An	Annual Report Form		MARSHA J THOMASON 355 N ORCHARD ST STE 107 BOISE ID 83706 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SAGE RECOVERY S MARSHA J THOM	1. Mailing Address: Correct in this box if needed. SAGE RECOVERY SERVICES, INC. MARSHA J THOMASON 355 N ORCHARD ST STE 107 BOISE ID 83706					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	d Business Addresses of Pres	ident, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR MARS	HA J THOMASON	355 N. ORCHARD STREET SUITI	E 107 BOISE	ID	USA	83706	
5. Organized Under the Laws of:	6. Annual Report mu	5. Annual Report must be signed.*					
ID	Signature: Marsha	Signature: Marsha Thomason		Date: 09/09/2010			
C 179905	Name (type or pri	Name (type or print): Marsha Thomason		Title: Director			
rocessed 09/09/2010 * Electronically provided signatures are accepted as original signatures.							