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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|------------------------------------|-------------|--|
| No. <b>W 43328</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2009</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>1. Mailing Address: Correct in this box if needed.</b><br>RECOVERY PARTNERS, LLC<br>CHRISTY BARGER CORNERSTONE SUPPORT INC<br>11111 HOUZE RD STE 200<br>ROSWELL GA 30076 |            | CORPORATION SERVICE COMPANY<br>1401 SHORELINE DR STE 2<br>BOISE ID 83702 |                                    |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                             |            | 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                                                                                                                                                | BENJAMIN D LEWIS | 4151 N. MARSHALL WAY, SUITE 12                                                                                                                                              | SCOTTSDALE | AZ                                                                       | USA                                | 85251       |  |
| 5. Organized Under the Laws of:<br><br><b>AZ<br/>W 43328</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Benjamin D. Lewis<br>Name (type or print): Benjamin D. Lewis                                                                |            |                                                                          | Date: 08/17/2009<br>Title: Manager |             |  |
| Processed 08/17/2009                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                   |            |                                                                          |                                    |             |  |