

No. C 112717	Due no later than Nov 30, 2014 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. PERFORMANT RECOVERY, INC. SHRONDA ALLEN 333 N CANYONS PKWY STE 100 LIVERMORE CA 94551	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705				
		3. <u>New</u> Registered Agent Signature:*				
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
DIRECTOR	LISA IM	333 NORTH CANYONS PKWY SUITE 100	LIVERMORE	CA	USA	94551
SECRETARY	JON SHAVER	333 NORTH CANYONS PKWY. SUITE	LIVERMORE	CA	USA	94551
PRESIDENT	HAROLD T LEACH, JR.	100	LIVERMORE	CA	USA	94551
TREASURER	HAKAN ORVELL	333 NORTH CANYONS PKWY SUITE 100	LIVERMORE	CA	USA	94551
5. Organized Under the Laws of: CA C 112717	6. Annual Report must be signed.* Signature: Hakan Orvell Name (type or print): Hakan Orvell		Date: 11/21/2014 Title: Treasurer			
Processed 11/21/2014		* Electronically provided signatures are accepted as original signatures.				