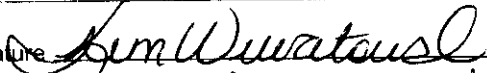
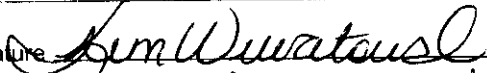
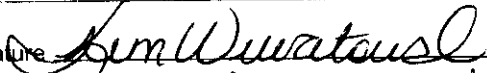


No. <b>W 971</b>	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		KIM WIWATOWSKI 527 BROWN AVE  OROFINO, ID 83544												
	ACTION RECOVERY, LTD CO. KIM WIWATOWSKI PO BOX 2524		3. <u>New</u> Registered Agent Signature												
	OROFINO, ID 83544														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Kim Wiwatowski</td> <td>PO Box 2524</td> <td>orofino</td> <td>ID</td> <td>83544</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Kim Wiwatowski	PO Box 2524	orofino	ID	83544
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
manager	Kim Wiwatowski	PO Box 2524	orofino	ID	83544										
5. Organized Under the Laws of:  IDAHO W 971	6. <table border="0"> <tr> <td>Signature </td> <td>Date</td> <td>1/25/04</td> </tr> <tr> <td>Name (Typed or Printed) Kim Wiwatowski</td> <td>Title</td> <td>Manager</td> </tr> </table>			Signature 	Date	1/25/04	Name (Typed or Printed) Kim Wiwatowski	Title	Manager						
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Name (Typed or Printed) Kim Wiwatowski	Title	Manager													