

No. W 135844		Due no later than Mar 31, 2015 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. DIVERSIFIED RECOVERY ASSOCIATES, LLC LOIS MURPHY 372 S EAGLE RD #139 EAGLE ID 83629		LOIS K MURPHY 220 OLD HWY 55 HORSESHOE BEND 83629			
				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	
MEMBER	LOIS K MURPHY	PO BOX 187	HORSESHOE BEND	ID	USA	83629	
5. Organized Under the Laws of: ID W 135844		6. Annual Report must be signed.* Signature: Lois Murphy Name (type or print): Lois Murphy					
		Date: 04/13/2015 Title: Member					
Processed 04/13/2015		* Electronically provided signatures are accepted as original signatures.					