

No. W 135844		Due no later than Mar 31, 2015		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		Annual Report Form 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 Date: 04/13/2015 Name (type or print): Lois Murphy Title: Member			
Processed 04/13/2015		* Electronically provided signatures are accepted as original signatures.			