F04000004020

| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ād | dress) | |
| (Cit | y/State/Zip/Phon | e#) |
| PICK-UP | TIAW | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number | <u> </u> |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000038327550

07/12/04--01007--009 **70.00

FILE D
2004 JUL 12 PH 3: 24
2004 JUL 12 PH 3: 24
ANASSEE, FLORIDA

| TRANSMITTAL LETTER |
|--|
| TO: Registration Section Division of Corporations |
| SUBJECT: River Collection & Recovery Service, Inc. (Name of corporation - must include suffix) |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Michael Larson |
| (Name of Person) |
| River Collection & Recovery Service, Inc. (Firm/Company) |
| |
| 19230 Evans Street, Suite III (Address) |
| |
| EIK River MN 55330 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Millie Laws Of (Name of Person) at (743) 633-6030 (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2004

LISA REEVES NATIONAL REGISTERED AGENTS, INC. 10985 CODY STREET, STE. 118 OVERLAND PARK, KS 66210



We have received your document for RIVER COLLECTION & RECOVERY SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$35,00

Only received 1st page of form.

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 504A00042758

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Rever Collection Recovery Service, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Cop." "Inc.," "Co.," or "Cop.") NA (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 4 14 2003 (Due of incorporation) (Due of incorporation) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evans Street, Suite III, Elk River MN 55330 (Principal office address) 19230 Evans Street, Suite III, Elk River MN 55330 (Purpose(s) of corporation duthorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Averice (City) (City code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Lernes, Inc. Agreed Advents Advents Advents to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Lernes, Inc. | IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO |
|--|---|
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida). 2. Minnesola (State or country under the law of which it is incorporated) 4. 4 9 2003 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 4 1900 9 10 11 10 10 10 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evaris Street Swite 11 EIK River Min 55330 (Principal office address) 19230 Evaris Street Swite 11 EIK River Min 55330 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 3. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA Services Inc. Office Address: 526 E. Par K Avenue Florida 3230 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place testignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services Inc. | |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida). 2. Minnesola (State or country under the law of which it is incorporated) 4. 4 9 2003 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 4 1900 9 10 11 10 10 10 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evaris Street Swite 11 EIK River Min 55330 (Principal office address) 19230 Evaris Street Swite 11 EIK River Min 55330 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 3. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA Services Inc. Office Address: 526 E. Par K Avenue Florida 3230 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place testignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services Inc. | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida). 2. Minnesola (State or country under the law of which it is incorporated) 4. 4 9 2003 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 4 1900 9 10 11 10 10 10 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evaris Street Swite 11 EIK River Min 55330 (Principal office address) 19230 Evaris Street Swite 11 EIK River Min 55330 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 3. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA Services Inc. Office Address: 526 E. Par K Avenue Florida 3230 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place testignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services Inc. | "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| (State or country under the law of which it is incorporated) 3. 13-145374 (FEI number, if applicable) 4. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 4/9/2005 (Principal office address) 19230 Evans Street Suite 111 EIK River MN 55330 (Current mailing address) 8. 4/9/2007 (Purpose(s) of corporation duthorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services Inc. 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 10. Registered agent. 11. 4/9/2003 12. 4/9/2003 13. 13-1403 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. | N/A |
| (State or country under the law of which it is incorporated) 3. 13-145374 (FEI number, if applicable) 4. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (Duration: Year corp. will cease to exist or "perpetual") 6. 4/9/2003 (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 4/9/2005 (Principal office address) 19230 Evans Street Suite 111 EIK River MN 55330 (Current mailing address) 8. 4/9/2007 (Purpose(s) of corporation duthorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services Inc. 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 10. Registered agent. 11. 4/9/2003 12. 4/9/2003 13. 13-1403 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. | (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| (Date of incorporation) (Date of incorporation) (Date first transacted dusiness in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evans Street, Suite III, Elk River MN 55330 (Principal office address) 19230 Evans Street, Suite III, Elk River MN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation duthorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA Services Nc. Office Address: 526 E. Park Avenue Tallahasec (City) (City (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. PRAI Services, Inc. Link Paraces, Amark Acceptance. | 2. Minnesota 3. 73-1665374 95 |
| (Date first transacted dusiness in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evans Street, Suite III, EIK River IIN 55330 (Principal office address) 19230 Evans Street, Suite III, EIK River IIN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tollahassec (City) (City) (City) (Cip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. PRAI Services, Inc. DRAI Services, Inc. | |
| (Date first transacted dusiness in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evans Street, Suite III, EIK River IIN 55330 (Principal office address) 19230 Evans Street, Suite III, EIK River IIN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tollahassec (City) (City) (City) (Cip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. PRAI Services, Inc. DRAI Services, Inc. | 4. 4/9/2003 5. Perpetual |
| (Date first transacted dusiness in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evans Street, Suite III, EIK River MN 55330 (Principal office address) 19230 Evans Street, Suite III, EIK, River MN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tallangsec ——, Florida 32301 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services, Inc. Agency Amark Amark Acceptance. | |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 19230 Evans Street, Suite III, EIK River MN 55330 (Principal office address) 19230 Evans Street, Suite III, EIK River MN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tollandsee Florida 32301 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services, Inc. | |
| (Principal office address) 19230 Evers Street, Suite 111, Elk River MN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA1 Services, Inc. Office Address: 526 E. Park Avenue Tollahassec Florida 32301 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services, Inc. DRAI Services, Inc. | (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 19230 Evans Street, Suite III, Elk River MN 55330 (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA Services Nc. Office Address: 526 E. Park Avenue Tallahassec | |
| (Current mailing address) 8. Collection agency debt collection (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tallahassec Florida 32301 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services, Inc. NRAI Services, Inc. | |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) P. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tallahassec (City) (City) (Cip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. PRAI Services, Inc. Land Range Amash Amash Acceptable | 19230 Evans Street, Suite III, EIK Kiver MN 55330 |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 2. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: NRA! Services inc. Office Address: 526 E. Park Avenue Tallanasee | |
| Name: NRAI Services, Nc. Office Address: 526 E. Park Avenue (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services, Inc. | |
| Name: NRAI Services, Inc. Office Address: 526 E. Park Avenue Tallahassec Florida 3230 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. NRAI Services, Inc. | (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| Office Address: 526 E. Park Avenue Tallahassec Florida 3230 (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. IRAI Services, Inc. | 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Tallandsec (City) (City) (City) (City) (City) (City) (City) (Cip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. [IRAI Services, Inc. | Name: NRAI Services, Inc. |
| Tallandsec (City) (City) (City) (City) (City) (City) (City) (Cip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. [IRAI Services, Inc. | Office Address: 526 E. Park Avenue |
| (City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. IRAI Services, Inc. | |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. IRAI Services, Inc. | |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. IRAI Services, Inc. | 10 Registered agent's accentance: |
| further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. IRAI Services, Inc. By: Ray Roya Anist Sc. | Having been named as registered agent and to accept service of process for the above stated corporation at the place |
| DRAI Services, Inc. | |
| by: Lise Rower Assist Sec. | |
| by: Line Rows Assist Sec | MIRHI Services, Inc. |
| (Bootstand agentical | by: Line Daguar Arrint Soc |
| (Registered agent's signature) | (Registered agent's signature) |

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

| A. DIREC | CTORS |
|------------|---|
| Chairman: | Michael E. Larson |
| Address: | 19230 Evans Street, Suita III |
| | EIK River MN, 55330 |
| | nan: |
| | |
| Address | The state of the s |
| Dimeter. | DE CO |
| | |
| Address: | |
| _ | |
| | |
| Address: _ | |
| _ | |
| B. OFFIC | |
| President: | Michael E. Lawson |
| Address: | 19230 Evans Street, Suite III |
| _ | EIK River MN 55330 |
| | ent: |
| | |
| _ | |
| Secretary: | Tevry Brockman |
| Address: | 19230 Evans Street, Suite III, Elk River MN 55330 |
| | Danielle M. Lavson |
| Treasurer: | 19230 Exans Street, Suite III, EIK River, MN 55330 |
| Address: _ | 11230 124413 301000 1111 31 1110 1110 110 110 |
| NOTE; A | f neces pary, you may attach an addendum to the application listing additional officers and/or directors. |
| 413.F | 69°C |
| (| (Signature of Director or Officer listed in number 12 of the application) |
| 14 | Michael E Larson |
| | (Typed or printed name and capacity of person signing application) |

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

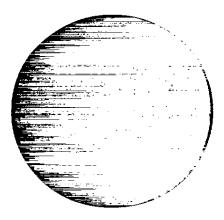
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: River Collection & Recovery Service, Inc.

Date Formed: 04/09/2003

Chapter Governed By: 302A

This certificate has been issued on 06/09/04.



Mary Hiffmages
Secretary of State.