



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

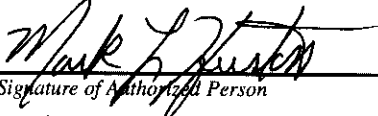
1. ID No. 132528		2. Exact name of the limited liability company National Credit Adjusters, L.L.C.			
3. State of Formation KANSAS		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchaser of bad debts for recovery by letter and telephone			
5. Principal office address 327 W 4th Ave		City Hutchinson	State KS	Zip 67501	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark L Huston			Contact Title CFO		
Street Address 327 W 4th Ave		City Hutchinson	State KS	Zip 67501	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name International Financial Services, Inc.			Manager Name		
Street Address 327 W 4th Ave		Street Address			
City Hutchinson	State KS	Zip 67501	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - <b>DO NOT ALTER</b> - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name National Registered Agents, Inc.			Address		
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

132528

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

<b>FILED</b>	
File Date	SEP 11 2007
Check No.	By 47478
By:	
FOR SECRETARY OF STATE USE ONLY	

  
 Signature of Authorized Person  
 9-7-07  
 Date  
 MARK L HUSTON  
 Print or Type Name of Authorized Person