

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 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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		nane of the limited liability company nal Credit Adjusters, L.L.C.				
3. State of Formation Kansas	The state of the s			rss which is actually conducted in Rhode Island		
5. Principal office address 327 W 4th Ave			Giy Hutchinson	State Kansas	<i>Ζi</i> ρ 67501	
6: MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Mark L Huston			P. NAME OR THILE OF CONTAC Contact Vitle CFO	Contact Title		
Street Address 327 W 4th Ave			City Hutchinson	State Kansas	<i>Zip</i> 67501	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name International Financial Services, LLC			Manager Name	Manager Name		
Street Address 327 W 4th Ave			Street Address	Street Address		
Gty Hutchinson	State Kansas	<i>Σίρ</i> 67501	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City		Zip	Сиу	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11						

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

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inder 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.

Signature of Authorized Person

Date

NO.11 - HUSTON
Print or Type Name of Authorized Person