



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Filing Year 2005		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 Debt 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 FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> EX-BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52			
Manager Name Richard E Smith		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 - DO NOT ALTER - 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 signed in ink by an authorized person pursuant to 7-16-66.



1 3 2 5 2 8

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.

File Date: 10/16/2005
Check No: 43961
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature]
Date: 10/16/05
Print or Type Name of Authorized Person: MARK L HUSTON



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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 debt for recovery by letter and telephone			
5 Principal office address 327 W. 4th Avenue			City Hutchinson	State Kansas	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 P.O. Box 550			City Hutchinson	State Kansas	Zip 67504-0550
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Richard E. Smith			Manager Name		
Street Address 327 W. 4th Avenue			Street Address		
City Hutchinson	State Kansas	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 - DO NOT ALTER - 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 signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 2 5 2 8 *

FILED

File Date **SEP 21 2004**
Check No **By SA**
By **CX 42281**
FOR SECRETARY OF STATE USE ONLY

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.

Mark L. Huston 9-16-04
Signature of Authorized Person Date
MARK L HUSTON
Print or Type Name of Authorized Person