



05-102
(Rev. 1-08/28)
Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report **MUST** be filed to satisfy franchise tax requirements

File Number: 801173928

Taxpayer number Report year
 3 | 2 | 0 | 4 | 0 | 3 | 5 | 7 | 3 | 1 | 4 | 2 | 0 | 1 | 0

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
SAFEGUARD RECOVERY, LLC
Mailing address
7668 WARREN PKWY STE 350
City
FRISCO

State
TX

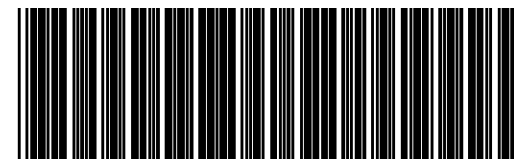
ZIP Code
75034

Plus 4
4162

Secretary of State file number or
Comptroller file number
0801173928

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
7668 WARREN PKWY STE 350
Principal place of business
7668 WARREN PKWY STE 350



3204035731410

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name JAMES TALBERT	Title OWNER	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 5555 MOCKINGBIRD LN #312	City DALLAS	State TX	ZIP code 75206
Name BRIAN KING	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1901 CORNELL DR	City RICHARDSON	State TX	ZIP code 75081
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP code

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
---	--------------------	-------------------------------	-------------------------

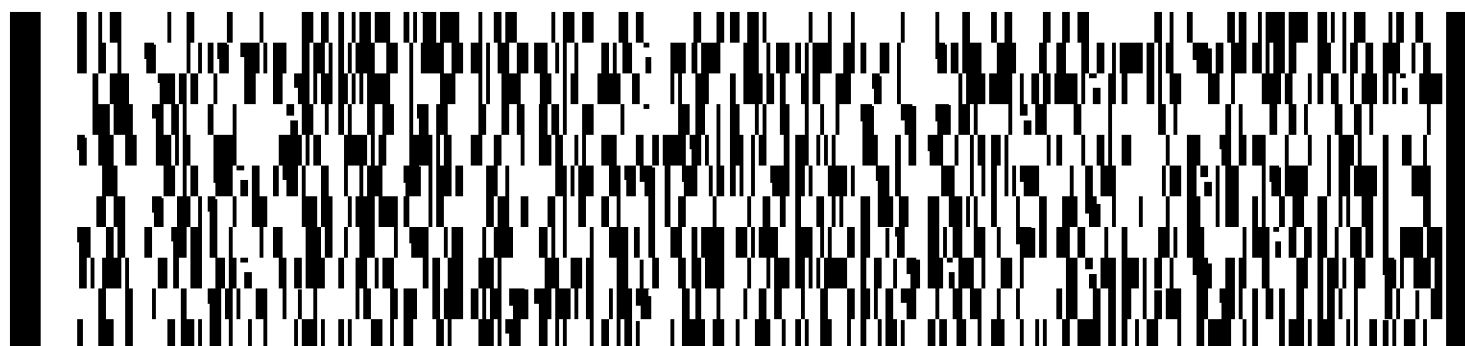
Registered agent and registered office currently on file. (See instructions if you need to make changes)

Blacken circle if you need forms to change the registered agent or registered office information.
Agent: JAMES TALBERT
Office: 7668 WARREN PARKWAY, SUITE 350 City **FRISCO** State **TX** ZIP Code **75034**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title **CONTROLLER** Date **04/07/2011** Area code and phone number **(972) 836 - 9932**



VE/DE PIR IND