No. <b>C 193863</b>	Due no later than Feb 28, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		nnual Report Form	to consider the second second second	ELIZABETH CARTWRIGHT 1028 N MARILYN DR POCATELLO ID 83204				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  CRESCENDOS ALLIANCE, INC. ELIZABETH CARTWRIGHT 1028 N MARILYN DR POCATELLO ID 83204							
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
			3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Busi	ness Addresses of Pro	esident, Secretary, and Directors. Trea	surer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
DIRECTOR ELIZABETH CARTWRIGHT		1028 N MARILYN DR	POCATELLO	ID	USA	83204		
DIRECTOR JUSTINE M	RECTOR JUSTINE MACNEIL		POCATELLO	ID	USA	83201		
5. Organized Under the Laws of:	6. Annual Report m	5. Annual Report must be signed.*						
ID Signature: El		abeth Cartwright Date: 04/26/2013						
C 193863	Name (type or p	Name (type or print): Elizabeth Cartwright			Title: Director			
Processed 04/26/2013	* Electronically provided signatures are accepted as original signatures.							