

No. <b>W 10880</b>	<b>Due no later than January 31, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable  ALTERNATIVE MORTGAGE, LTD. CO. MITCH R CAMPBELL PO BOX 1785  TWIN FALLS, ID 83303	MITCH R CAMPBELL 3502 N 3000 E #A  TWIN FALLS, ID 83301	3. New Registered Agent Signature		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>					
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Mitch Campbell	3502 N 3000 E #A	Twin Falls	ID	83301
5. Organized Under the Laws of:		6. Signature	Date <u>11/8/03</u>		
IDAHO W 10880		Name <small>(typed or Printed)</small>	Mitch R Campbell		Title <u>Manager</u>