




No. W 10880	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX
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
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

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: IDAHO W 10880	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature  </td> <td style="width: 40%;"> Date 11/8/03 </td> </tr> <tr> <td> Name (Typed or Printed) Mitch R Campbell </td> <td> Title Manager </td> </tr> </table>	6. Signature 	Date 11/8/03	Name (Typed or Printed) Mitch R Campbell	Title Manager
6. Signature 	Date 11/8/03				
Name (Typed or Printed) Mitch R Campbell	Title Manager				