

|  |                  |  |            |  |         |  |  |
|--|------------------|--|------------|--|---------|--|--|
| No. <b>W 10880</b>   |                  | <b>Due no later than Jan 31, 2017</b>  |            | <b>Annual Report Form</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ALTERNATIVE FUNDING, LTD. CO.<br>MITCH R CAMPBELL<br>PO BOX 1785<br>TWIN FALLS ID 83303 |            | MITCH R CAMPBELL<br>3502 NORTH 3000 EAST #A<br>TWIN FALLS ID 83301 |         | 3. <u>New</u> Registered Agent Signature:*         |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                  |  |            |  |         |  |  |
| Office Held  | Name             | Street or PO Address   | City       | State  | Country | Postal Code  |  |
| MEMBER   | MITCH R CAMPBELL | P.O. BOX 1785  | TWIN FALLS | ID   |         | 83303-1785   |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 10880</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Mitch R Campbell<br>Name (type or print): Mitch R Campbell   |            | Date: 12/18/2016<br>Title: Member                                  |         |  |  |
| Processed 12/18/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |            |  |         |  |  |