

No. C 130306	Due no later than Sep 30, 2010 Annual Report Form	2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALTERNATIVE COUNSELING & REHAB, INC. LYNNE A. Certain PO BOX 2101 SANDPOINT ID 83864 USA	LYNNE A CERTAIN 111 CHURCH ST. APT. 1 PRIEST RIVER ID 83856	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
SECRETARY	HILDING OHSRSTOM	P.O. BOX 574	PRIEST RIVER ID USA 83856
5. Organized Under the Laws of: ID C 130306	6. Annual Report must be signed.* Signature: Lynne A. Certain Name (type or print): Lynne A. Certain		Date: 08/18/2010 Title: President
Processed 08/18/2010		* Electronically provided signatures are accepted as original signatures.	