

No. <b>C 130306</b>		<b>Due no later than Sep 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		LYNNE A CERTAIN 37 HWY 57 PRIEST RIVER ID 83856			
		<b>1. Mailing Address: Correct in this box if needed.</b>  ALTERNATIVE COUNSELING & REHAB, INC. DORLEA KNIZLEY PO BOX 205 PRIEST RIVER ID 83856 USA		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	
DIRECTOR	HILDING OHRSTROM	37 HWY 57	PRIEST RIVER	ID	USA	83856	
PRESIDENT	DORLEA KNIZLEY	PO BOX 205	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 130306</b>		Signature: Dorlea Knizley			Date: 07/14/2014		
		Name (type or print): Dorlea Knizley			Title: President		
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures.					