

No. C 130306		Due no later than Sep 30, 2014 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. DORLEA KNIZLEY PO BOX 205 PRIEST RIVER ID 83856 USA		LYNNE A CERTAIN 37 HWY 57 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	
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: ID C 130306		6. Annual Report must be signed.* Signature: Dorlea Knizley Name (type or print): Dorlea Knizley					
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures. Date: 07/14/2014 Title: President					