

No. <b>W 79377</b>		Due no later than Nov 30, 2009		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> <b>1. Mailing Address: Correct in this box if needed.</b> ALTERNATIVE FUNDING RETIREMENT PLAN, LLC MITCH R CAMPBELL PO BOX 1785 TWIN FALLS ID 83303 USA		MITCH R CAMPBELL 3502 N 3000 E 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	PO BOX 1785 3502 N 3000 E	TWIN FALLS	ID	USA	83303	
MEMBER	MARTIN MEYERS	475 LACASA LOOP	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 79377</b>		Signature: Mitch R Campbell Name (type or print): Mitch R Campbell			Date: 12/17/2009 Title: Member		
Processed 12/17/2009		* Electronically provided signatures are accepted as original signatures.					