

No. **W 10880**

Due no later than January 31, 2006

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ALTERNATIVE MORTGAGE, LTD. CO.
MITCH R CAMPBELL
PO BOX 1785
TWIN FALLS, ID 83303

MITCH R CAMPBELL
3502 NORTH 3000 EAST #A
TWIN FALLS, ID 83301

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

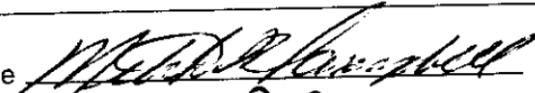
4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	MITCH R CAMPBELL	P.O. Box 1785	TWIN FALLS	ID	83303

5. Organized Under the Laws of:
IDAHO
W 10880

6.

Signature



Date 1-30-06

Name (Typed or Printed)

MITCH R CAMPBELL

Title MANAGER