

No. C 130306		Due no later than Sep 30, 2018		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 856 SANDPOINT ID 83864 USA		DORLEA A KNIZLEY 11B EMERALD INDUSTRIAL PARK WA PONDERARY ID 83852					
				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			
PRESIDENT	DORLEA KNIZLEY	PO BOX 856	SANDPOINT	ID	USA	83864			
DIRECTOR	DORLEA KNIZLEY	13 10TH ST	PRIEST RIVER	ID	USA	83856			
SECRETARY	DORLEA KNIZLEY	PO BOX 856	SANDPOINT	ID	USA	83864			
5. Organized Under the Laws of: ID C 130306		6. Annual Report must be signed.* Signature: Dorlea Knizley Name (type or print): Dorlea Knizley Date: 09/05/2018 Title: President							
Processed 09/05/2018		* Electronically provided signatures are accepted as original signatures.							