No. <b>W 87725</b>		Due no later than Oct 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	JOHN KNIPE  860 BEACON  BOISE ID 83706  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AMERICAN LAND COLLEGE, LLC JOHN KNIPE 860 BEACON BOISE ID 83706					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Co	mpanies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN KNIPE	PO BOX 986	BOISE	ID	USA	83701	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John Knipe	Date: 10/30/2013				
W 87725		Name (type or print): John Knipe	Title: Member				
Processed 10/30/2013 * Electronically provided signatures are accepted as original signatures.							