


<p>No. C 113534</p>	<p align="center">Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>				
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. ALTERNATIVE NURSING SERVICES, INC. BRANDEN R BEIER 1827 8TH STREET LEWISTON ID 83501 USA</p>		<p>BRANDEN BEIER 1827 8TH ST LEWISTON ID 83501</p>				
<p>REINSTATEMENT FEE DUE: \$30.00</p>			<p>3. <u>New</u> Registered Agent Signature.</p>				
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</p>							
	<p>Office Held</p>	<p>Name</p>	<p>Street or PO Address</p>	<p>City</p>	<p>State</p>	<p>Country</p>	<p>Postal Code</p>
	<p>President</p>	<p>Branden R. Beier</p>	<p>1533 Vineyard Dr.</p>	<p>Lewiston</p>	<p>ID</p>	<p>USA</p>	<p>83501</p>
	<p>Vice Pres.</p>	<p>Teresa M. Williams</p>	<p>4445 Hills Rd.</p>	<p>Carmin</p>	<p>TX</p>	<p>USA</p>	<p>78932</p>
	<p>Secretary</p>	<p>Dr. Dresden Beier</p>	<p>40636 Village Wood Rd.</p>	<p>Novi</p>	<p>MI</p>	<p>USA</p>	<p>48375</p>
<p>5. Organized Under the Laws of: IDAHO C 113534</p>		<p>6. Signature:  Name (type or print): <u>Branden Beier</u></p>		<p>Date: <u>6/23/14</u> Title: <u>President</u></p>			