No. **C 130306**	**Due no later than Sep 30, 2016**	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**	**Annual Report Form** **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. New 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	HILDING OHRSTROM	13 10TH ST	PRIEST RIVER	ID	USA	83856
SECRETARY	DORLEA KNIZLEY	PO BOX 856	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 130306**	Signature: Dorlea Knizley	Date: 08/15/2016
	Name (type or print): Dorlea Knizley	Title: Executive Director

Processed 08/15/2016

* Electronically provided signatures are accepted as original signatures.