No. **W 34434**	**Due no later than Nov 30, 2009** **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.** ALPHA LENDING, LLC PO BOX 140177 BOISE ID 83714-0177	TIMBRE WOLFE 7971 W MARIGOLD ST BOISE ID 83714 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	T WOLFE	PO BOX 140177	BOISE	ID	USA	83714-0177

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 34434**	Signature: T. Wolfe	Date: 09/09/2009
	Name (type or print): T. Wolfe	Title: Manager

Processed 09/09/2009

* Electronically provided signatures are accepted as original signatures.