

No. W 34656		Due no later than Nov 30, 2014		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		TIMBRE WOLFE 7971 W MARIGOLD ST BOISE 83714	
		1. Mailing Address: Correct in this box if needed. ALPHA FIXED RETURN FUND I, LLC T. WOLFE PO BOX 140177 BOISE ID 83714-0177		3. <u>New</u> 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	ALPHA LENDING, LLC	7971 W MARIGOLD ST	BOISE	ID	83714
5. Organized Under the Laws of: ID W 34656		6. Annual Report must be signed.* Signature: T Wolfe Name (type or print): T Wolfe Date: 11/26/2014 Title: Mngr/Member			
Processed 11/26/2014		* Electronically provided signatures are accepted as original signatures.			