No. **W 34657**	**Due no later than Nov 30, 2013** **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 MORTGAGE FUND 1, LLC T. WOLFE 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	ALPHA LENDING, LLC	7971 W. MARIGOLD ST.	BOISE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 34657**	Signature: T. Wolfe Name (type or print): T. Wolfe	Date: 09/23/2013 Title: Mngr

Processed 09/23/2013

* Electronically provided signatures are accepted as original signatures.