

No. W 70894		Due no later than Jan 31, 2012 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		1. Mailing Address: Correct in this box if needed. AN ALTERNATIVE HEALTH OPTION, LLC SUSAN SMITH 1174 NORTON AVE IDAHO FALLS ID 83402		SUSAN SMITH 1174 NORTON AVE IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SUSAN SMITH	Street or PO Address 1174 NORTON AVE		City IDAHO FALLS	State ID	Country USA	Postal Code 83402
5. Organized Under the Laws of: ID W 70894		6. Annual Report must be signed.* Signature: Susan Smith Name (type or print): Susan Smith Date: 11/04/2011 Title: Rn					
Processed 11/04/2011 * Electronically provided signatures are accepted as original signatures.							