No. W 79377	Due no later than Nov 30, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		MITCH R CA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALTERNATIVE FUNDING RETIREMENT PLAN, LLC MITCH R CAMPBELL PO BOX 1785		3502 N 3000 E TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS ID USA	TWIN FALLS ID 83303 3. New Registered Agent Signature JSA		gnature:*			
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	
MEMBER MITCH R CAMPBELL PO BOX 1785 3502 N 3000 E		TWIN FALLS	ID	USA	83303		
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Mitch R Campbell		Date: 11/10/2013				
W 79377	Name (type or print): Mitch R Campbell		Title: Member				
Processed 11/10/2013	* Electronically provided signatures are accepted as original signatures.						