No. <b>C 144009</b>		Due no later than May 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALLIANCE FAMILY SERVICES NORTH, INC. FRED LANGE 212 N FIRST AVENUE, SUITE 103 SANDPOINT ID 83864		212 N FIRS SANDPOIN	FRED LANGE 212 N FIRST AVENUE, SUITE 103 SANDPOINT ID 83864  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		ass Addresses o	f President, Secretary, and Directors. Treasu	uror (optional)				
Office Held	Name	ess Addresses o	Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	TRACEY O LANGE FRED W LANGE		212 N FIRST AVE, STE 103 212 N FIRST AVE, STE 103	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 144009		Signature: Debra Ward Name (type or print): Debra Ward			Date: 04/22/2016 Title: Account Manager			
Processed 04/22/2016 * Electronically provided signatures are accepted as original signatures.								