

No. <b>W 10880</b>	<b>Due no later than Jan 31, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  ALTERNATIVE FUNDING, LTD. CO. MITCH R CAMPBELL PO BOX 1785 TWIN FALLS ID 83303	MITCH R CAMPBELL 3502 NORTH 3000 EAST #A TWIN FALLS ID 83301			
		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
MEMBER	MITCH R CAMPBELL	P.O. BOX 1785	TWIN FALLS	ID	83303-1785
5. Organized Under the Laws of:  <b>ID</b> <b>W 10880</b>	6. Annual Report must be signed.* Signature: Mitch R Campbell Name (type or print): Mitch R Campbell		Date: 11/27/2017 Title: Member		
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.			