| No. **C 113534** | **Due no later than Jan 31, 2018**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>ALTERNATIVE NURSING SERVICES, INC.<br>BRANDEN R BEIER<br>1029 MAIN STREET<br>LEWISTON ID 83501 | BRANDEN BEIER<br>1029 MAIN ST.<br>LEWISTON ID 83501<br><br>3. New Registered Agent Signature:* |

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| PRESIDENT | BRANDEN R BEIER | 1533 VINEYARD DR. | LEWISTON | ID | USA | 83501 |
| SECRETARY | DRESDEN H BEIER | 754 UNION ST. | JACKSON | MI | USA | 49203 |
| VICE PRESIDENT | KELLIE M FRASIER | 3625 14TH STREET | LEWISTON | ID | USA | 83501 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 113534** | Signature: Branden R Beier | Date: 12/05/2017 |
| | Name (type or print): Branden R Beier | Title: President |

Processed 12/05/2017

* Electronically provided signatures are accepted as original signatures.