No. <b>C 113534</b>		Due no later than Jan 31, 2011 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALTERNATIVE NURSING SERVICES, INC. BRANDEN R BEIER 1827 8TH ST LEWISTON ID 83501 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX)  BRANDEN BEIER 1827 8TH ST LEWISTON ID 83501  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				1827 8TH ST				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BRANDEN R BEIER		1533 VINEYARD DR.	LEWISTON	ID	USA	83501	
SECRETARY PRESIDENT			704 STERLING DR. 803 SIXTEENTH AVE STE 2	MARTINEZ LEWISTON	CA ID	USA USA	94553 83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Branden Beier			Date: 02/21/2011			
C 113534		Name (type or print): Branden Beier			Title: Director/V.P.			
Processed 02/21/2011		* Electronically provi	ided signatures are accepted as original	signatures.				