

No. <b>C 204772</b>		<b>Due no later than Jan 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b>  ALTURAS INSTITUTE, INC. (THE) 330 SHOUP AVE STE 202 IDAHO FALLS ID 83402		DAVID GRAY ADLER 330 SHOUP AVE STE 202 IDAHO FALLS ID 83402			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	DAVID ADLER	330 SHOUP AVE STE 202	IDAHO FALLS	ID	USA	83402	
DIRECTOR	STEVE CARR	135 N PLACER	IDAHO FALLS	ID		83402	
DIRECTOR	CLAY MORGAN	2996 S ROOKERY LN	BOISE	ID		83706	
5. Organized Under the Laws of:  <b>ID</b> <b>C 204772</b>		6. Annual Report must be signed.*  Signature: DAVID ADLER Name (type or print): DAVID ADLER					
		Date: 02/17/2016 Title: PRESIDENT					
Processed 02/17/2016      * Electronically provided signatures are accepted as original signatures.							