No. <b>C 171186</b>		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALLIAI TRAV:	Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALLIANT INCORPORATED TRAVIS R FIFE 1655 1ST STREET IDAHO FALLS ID 83401		TRAVIS FIFE 7107 E RIRIE HWY IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DAT	E			3. New Registered Agent Signature:*			
4. Corporations: Enter Names a	nd Business Addre	esses of President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
	VIS R FIFE MI C FIFE	7107 EAST RIRIE HIWAY 7107 EAST RIRIE HIWAY	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83401	
5. Organized Under the Laws o	f: 6. Annua	6. Annual Report must be signed.*					
ID	Signa	Signature: Robert D Renna Date: 11/12/2012					
C 171186	Name	Name (type or print): Robert D Renna Title: Staff Accountant					
Processed 11/12/2012	* Electronically provided signatures are accepted as original signatures.						