

No. <b>C 113534</b>		<b>Due no later than Jan 31, 2017</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ALTERNATIVE NURSING SERVICES, INC. BRANDEN R BEIER 1029 MAIN STREET LEWISTON ID 83501		BRANDEN BEIER 1029 MAIN ST. LEWISTON ID 83501			
				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	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:  <b>ID C 113534</b>		6. Annual Report must be signed.* Signature: Branden R Beier Name (type or print): Branden R Beier  Date: 02/17/2017 Title: President					
Processed 02/17/2017		* Electronically provided signatures are accepted as original signatures.					