No. <b>C 39211</b>		Due no later than Jan 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALPHA KAPPA LAMBDA FRATERNITY UNIVERSITY OF IDAHO CHAPTER, INCORPORATED TIM HELMKE 1125 RIDGE RD #106 MOSCOW ID 83843		TIM HELMKI 1125 RIDGE MOSCOW II	TIM HELMKE 1125 RIDGE RD #106 MOSCOW ID 83843  3. New Registered Agent Signature:*			
. Corporations: Enter	Names and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JIM PATERS	ON	PO BOX 3096	MOSCOW	ID	USA	83843	
DIRECTOR	KELLY DUKE		PO BOX 3096	MOSCOW	ID	USA	83843	
DIRECTOR	NICHOLAS S	TINEMATES	PO BOX 3096	MOSCOW	ID	USA	83843	
DIRECTOR	COLE LOHMAN		PO BOX 3096	MOSCOW	ID	USA	83843	
DIRECTOR	CHEYENE NICKERSON		PO BOX 3096	MOSCOW	ID	USA	83843	
PRESIDENT	LAIRD STONE		PO BOX 3096	MOSCOW	ID	USA	83843	
DIRECTOR	J. RICHARD ROCK		1154 NEVADA AVENUE	SAN JOSE	CA	USA	95125	
TREASURER	JEFF ALLEN		PO BOX 3096	MOSCOW	ID	USA	83843	
PRESIDENT	IDENT WILLIAM HART		2402 W HILL ROAD	BOISE	ID	USA	83702	
SECRETARY	TIMOTHY R HELMKE		1125 RIDGE ROAD #106	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: 6. Annual Rep		6. Annual Report r	port must be signed.*					
		Signature: Timothy Helmke			Date: 02/25/2011			
		Name (type or p		Title: Secretary				
Processed 02/25/2011		* Electronically pro	vided signatures are accepted as original s	ignatures.				