

No. C 113534	Due no later than Jan 31, 2013 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ALTERNATIVE NURSING SERVICES, INC. BRANDEN R BEIER 1827 8TH STREET LEWISTON ID 83501 USA		BRANDEN BEIER 1827 8TH 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	40636 VILLAGE WOOD	NOVI	MI	USA	48735
DIRECTOR	TERESA MARIE WILLIAMS	524 BRYDEN AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 113534	6. Annual Report must be signed.*		Signature: Branden R. Beier		Date: 01/03/2013	
			Name (type or print): Branden R. Beier		Title: President	
Processed 01/03/2013			* Electronically provided signatures are accepted as original signatures.			