No. **W 10880**	**Due no later than Jan 31, 2011**	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.** ALTERNATIVE FUNDING, LTD. MITCH R CAMPBELL PO BOX 1785 TWIN FALLS ID 83303	MITCH R CAMPBELL 3502 NORTH 3000 EAST #A TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MARTIN MEYERS	475 LACASA LOOP	TWIN FALLS	ID	USA	83301
MEMBER	MITCH R CAMPBELL	3502 N 3000 E	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 10880**	Signature: Mitch R	Date: 12/30/2010
	Name (type or print): Mitch R	Title: Campbell

Processed 12/30/2010

* Electronically provided signatures are accepted as original signatures.