

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours pei	ſ				
response	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
1. Name and Address of Reporting Person * Troska Joni K	2. Date of Eve Statement (Month/Day/Y 10/14/2011		•	~	3. Issuer Name and Ticker or Trading Symbol WestMountain Alternative Energy Inc [WETM]				
(Last) (First) (Middle 262 EAST MOUNTAIN AVE.	) 10/14/	/2011			4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) FORT COLLINS, CO 80524				(Che- Director X Officer title below)	r (give	applicable)	rner pecify Filing(C _X_ Form	idual or Joint/Group heck Applicable Line) filed by One Reporting Person filed by More than One Reporting	
(City) (State) (Zip)		Tal	ble I	- Non-Deriva	ative	Securities	Beneficially	y Owned	
1.Title of Security (Instr. 4)		Ben		t of Securities Ily Owned	Fo (D Inc		Ownership	direct Beneficial	
Common Stock		100	0,000			D			
Reminder: Report on a separate line of Persons who not required to number.	respond to	o the colle unless th	ectior ne for	n of information of i	on co	ontained ir ently valid	this form ar OMB contro	1	
(Instr. 4) and Exp		te Exercisable Security Deriv (Instru		Title and Amount of urities Underlying ivative Security		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Nu of Shares	mber	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
Reporting Owners									
Paparting Owner Name / Address		Relation	ships						

Other

Secretary

Director 10% Owner Officer

## **Signatures**

Troska Joni K

/s/ Joni K. Troska	10/27/2011
**Signature of Reporting Person	Date

262 EAST MOUNTAIN AVE.

FORT COLLINS, CO 80524

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.