INSTRUCTIONS ON REVERSE SIDE

No. 108449

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

ALPINE HEALTH CARE, INC.
VIVIAN ALEXIS HOOPER
3745 STONE CREEK WAY

BOISE ID 83703

2. Registered Agent and Office NOT A P.O. BOX

VIVIAN ALEXIS HOOPER
3745 STONE CREEK WAY

BOISE ID 83703

3. Incorporated Under The Laws of

ID
NO: 108449

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Vivian A. Hooper	P.O. Box 1044	Sandpoint	ID	83864
Secretary:	Kenneth E. Hooper	P.O. Box 1044	Sandpoint	ID	83864
Directors:					
	Vivian A. Hooper	Same	Same	Same	Same
	Kenneth E. Hooper				

5. Nature of Business

Personal Care Service

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature _____ Date 7/18/95

Name (Typed or Printed) Vivian A. Hooper Title President