

INSTRUCTIONS ON REVERSE SIDE

No. 108449	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 1995	VIVIAN ALEXIS HOOPER 3745 STONE CREEK WAY
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address -- Please Correct If Not Correct ALPINE HEALTH CARE, INC. VIVIAN ALEXIS HOOPER 3745 STONE CREEK WAY	BOISE ID 83703
* FIRST NOTICE *	BOISE ID 83703	3. Incorporated Under The Laws of ID
NO FEE REQUIRED		NO: 108449

4. Names and Addresses of Officers and Directors

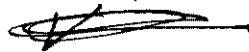
	Name	Street or P.O. Address	City	State	Postal Code
President:	VIVIAN A. Hooper	P.O. Box 1044	SAWADPOINT	ID	83864
Secretary:	Kenneth E. Hooper	P.O. Box 1044	SAWADPOINT	ID	83864
Directors:	Vivian A. Hooper	Some	Some	Some	Some
	Kenneth E. Hooper				

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

Name
(Typed or
Printed)


VIVIAN A. Hooper

Date

Title

7/18/95

President