

FILED/EFFECTIVE**REINSTATEMENT**

No. C 101909 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83725 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 02/17/2000 ALPINE HOME HEALTH, INC. COLLEEN NEU P O BOX 916 SANDPOINT, ID 83864	2. Registered Agent and Office NOT A P.O. BOX COLLEEN NEU 2337 SOUTHSIDE SCHOOL RD COCOLALLA, ID 83813 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Colleen Neu</td> <td>P.O. Box 379</td> <td>Cocolalla</td> <td>ID</td> <td>83813</td> </tr> <tr> <td>Secretary</td> <td>Larry Neu</td> <td>P.O. Box 379</td> <td>Cocolalla</td> <td>ID</td> <td>83813</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Colleen Neu	P.O. Box 379	Cocolalla	ID	83813	Secretary	Larry Neu	P.O. Box 379	Cocolalla	ID	83813
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President	Colleen Neu	P.O. Box 379	Cocolalla	ID	83813															
Secretary	Larry Neu	P.O. Box 379	Cocolalla	ID	83813															
5. Organized under the laws of: IDAHO C 101909	6. Signature <u>Colleen Neu</u> Date <u>1-11-02</u> Name (Typed or Printed) <u>Colleen Neu</u> Title <u>President</u>																			

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