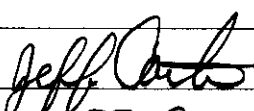
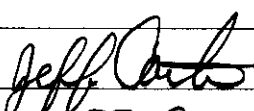
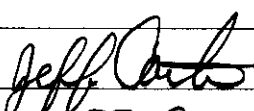


No. C 116136 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2000 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> ALPINE HEALTH GROUP, INC. JEFF CARTER PO BOX 391 TETON CITY, ID 83451	2. Registered Agent and Office NO PO BOX JEFF CARTER 310 N 2ND E SUITE 147 REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Jeff Carter	P.O. Box 391	Teton	Id	83451
Secretary	Mary Carter	P.O. Box 391	Teton	Id	83451

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 116136</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>6-7-00</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>JEFF Carter</u> </td> <td> Title: <u>President</u> <div style="text-align: center;"><small>Time</small> XXXX</div> </td> </tr> </table>	Signature 	Date <u>6-7-00</u>	Name <small>(Typed or Printed)</small> <u>JEFF Carter</u>	Title: <u>President</u> <div style="text-align: center;"><small>Time</small> XXXX</div>
Signature 	Date <u>6-7-00</u>				
Name <small>(Typed or Printed)</small> <u>JEFF Carter</u>	Title: <u>President</u> <div style="text-align: center;"><small>Time</small> XXXX</div>				

Issued 06/01/2000

Do Not Tape or Staple