

No. C108449	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 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		VIVIAN ALEXIS HOOPER 3745 STONE CREEK WAY 30ISE ID 83703		
* FIRST NOTICE *		3. Organized Under the Laws of: ID C108449			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Vivian A. Hooper	1200 Westwood Dr. #44	Sandpoint	ID	83864
Secretary	Kenneth E. Hooper	1200 Westwood Dr. #44	Sandpoint	ID	83864
Directors:	Vivian A. Hooper	1200 Westwood Dr. #44	Sandpoint	ID	83864
	Kenneth E. Hooper	1200 Westwood Dr. #44	Sandpoint	ID	83864
5. NATURE OF BUSINESS <i>Personnel Care Service</i> ANY LAWFUL		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 <u><i>[Signature]</i></u> Date <u>07/24/96</u> Name (Typed or Printed) <u>Vivian A. Hooper</u> Title <u>President</u>			

ISSUED: 07-06-1996

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