		and the second s
No. W 34928	Due no later than December 31, 2007	Table
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	2.1. Mailing Address - Correct in this box if applicable	BRENT PARKER
450 NORTH FOURTH STREET	ALPINE MEDICAL RENTAL AND SALES 11	1230 N SKYLINE DR IDAHO FALLS, ID 83402
PO BOX 83720	2001 SOUTH WOODRUFF AVE. SUITE 9	10A110 1 ALLS, ID 63402
BOISE, ID 83720-0080	IDAHO FALLS, ID 83404	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		Trans Alleged Agent Signature
4. Limited Liability Companie	es: Enter Names and Addresses of Managers.	
Office held Name		
	Street or P.O. Address City	State Zip
Managing Partner Broad Partner Cliff Hill	W 475 E. 200 N. Light	- D 83445
Person Comments	111 (0)	2772
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5. Organized Under the Laws of:	6.	
IDAHO	Signature	
.W 34928		Date
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Issued 10/01/2007	Trutto Pinadi	Je Title Olesses