No. <b>C 108449</b>		Due no later than Dec 31, 2012			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			VIVIAN ALEXIS HOOPER 95 BAY DRIVE SAGLE ID 83860  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ALPINE HEALTH CARE, INC.  VIVIAN ALEXIS HOOPER  95 BAY DRIVE  SAGLE ID 83860		<b></b>				
NO FILING FEE IF RECEIVED BY DUE DATE		SAGLE ID 63000		3.1				
4. Corporations: Enter Name	es and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Trea	asurer (opti	ional).			
Office Held	Name		Street or PO Address	Ci	ity	State	Country	Postal Code
PRESIDENT VIVIAN ALEXIS HOOPER SECRETARY KENNETH EDWARD HOOPER		95 BAY DRIVE 95 BAY DRIVE		AGLE AGLE	ID ID	USA USA	83860 83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 108449		Signature: Vivian A. Hooper Name (type or print): Vivian A. Hooper			Date: 10/22/2012 Title: President			
Processed 10/22/2012 * Electronically provided signatures are accepted as original signatures.								