No. C 175893		Due no later than Nov 30, 2011		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARK A HAWES 3486 N COLUMBINE AVE BOISE ID 83713			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.						
		ALPINE MEDICAL CAREERS, INC. MARK A HAWES 3486 N COLUMBINE AVE BOISE ID 83713 USA						
				3. <u>New</u> Reg	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses	of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK A HA	AWES	3486 N COLUMBINE AVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 175893		Signature:	Mark A Hawes		Date: 09/24/2011			
		Name (type	e or print): Mark A Hawes		Title: President			
Processed 09/24/201	.1	* Electronically provided signatures are accepted as original signatures.						