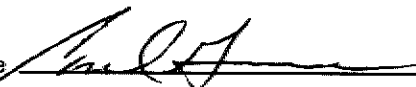


No. C100861	Annual Report Form 1997 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct ALPINE MEDICAL SERVICE, INC. ROBERT KELLY GREENE P O BOX 2590 HAYDEN LAKE ID 83835	ROBERT KELLY GREENE 77 COMMERCE DR STE B W. 31 HONEYSUCKLE AVE. HAYDEN LAKE ID 83835 3. Organized Under the Laws of: ID C100861

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of **Managers** or **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	ROBERT K. GREENE	PO BOX 2590	HAYDEN LAKE	ID	83835
SEC/TREAS	CARL E. GREENE	PO BOX 2590	HAYDEN LAKE	ID	83835

5.	6. Signature  Date <u>10/16/97</u> Name (Typed or Printed) <u>CARL E GREENE</u> Title <u>SEC/TREAS</u>
----	---

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

27232