No. <b>C 108449</b>		Due no later than Dec 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALPINE HEALTH CARE, INC.  VIVIAN ALEXIS HOOPER  95 BAY DRIVE  SAGLE ID 83860		95 BAY DRI SAGLE ID	VIVIAN ALEXIS HOOPER 95 BAY DRIVE SAGLE ID 83860  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				(anti-anti)				
4. Corporations: Enter Names and Business A Office Held Name		ess Addresses of Pre	Street or PO Address	easurer (optional). City	State	Country	Postal Code	
PRESIDENT SECRETARY	RESIDENT VIVIAN ALEXIS HOOPER		95 BAY DRIVE 95 BAY DRIVE	SAGLE SAGLE	ID ID	USA USA	83860 83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 108449		Signature: Vivian Alexis Hooper Name (type or print): Vivian Alexis Hooper			Date: 10/17/2011 Title: President			
Processed 10/17/2011		* Electronically provi	ded signatures are accepted as orig	inal signatures.				