No. <b>C 108449</b>	Annual Report Form  CRETARY OF STATE  10 WEST JEFFERSON  D BOX 83720  DISE, ID 83720-0080  ALPINE HEALTH CARE, INC.  VIVIAN ALEXIS HOOPER  3745 STONE CREEK WAY  BOISE ID 83703		2. Registered	2. Registered Agent and Address (NO PO BOX)  VIVIAN ALEXIS HOOPER  3745 STONE CREEK WAY BOISE ID 83703  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			3745 STON BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE	inace Addresses of Dro	aidout Country, and Diseators Trans	numan (antional)				
Office Held Name	siness Addresses of Pre	sident, Secretary, and Directors. Treas Street or PO Address	City	State	Country	Postal Code	
DIRECTOR VIVIAN AI	EXIS HOOPER EDWARD HOOPER	3745 STONE CREEK WAY 3745 STONE CREEK WAY	BOISE BOISE	ID ID	USA USA	83703 83703	
5. Organized Under the Laws of: 6. Annual Report		ust be signed.*					
ID	ID Signature: Vivian A. Hooper		Date: 11/04/2009				
<b>C 108449</b> Name (type or		rint): Vivian A. Hooper Title: President					
Processed 11/04/2009	* Electronically provided signatures are accepted as original signatures.						