No. <b>C 175893</b>		Due no later than Nov 30, 2010		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARK A HAWES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ALPINE MEDICAL CAREERS, INC.  MARK A HAWES  3486 N COLUMBINE AVE  BOISE ID 83713		_	3486 N COLUMBINE AVE BOISE ID 83713  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		ess Addresses of President, Secretary, and Directors. Treasurer			(cational)			
2000 000 10		ess Addresses (		asurer (c		Chaha	Carratan	Dantal Cada
Office Held	Name	\\/F6	Street or PO Address		City	State	Country	Postal Code
PRESIDENT	MARK A HA	WES	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: 12/14/2010			
		Name (type or print): Mark A Hawes			Title: President			
Processed 12/14/2010	Processed 12/14/2010 * Electronically provided signatures are accepted as original signatures.							