No. **W 806**	**Due no later than Jan 31, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ALPINE DENTAL ASSOCIATES, P.L.L.C. MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084	MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MITCHELL S. OLSON, D.D.S.	8636 N WAYNE DRIVE	HAYDEN	ID	USA	83835-5084

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 806**	Signature: Mitchell S Olson	Date: 12/03/2015
	Name (type or print): Mitchell S Olson	Title: Owner

Processed 12/03/2015

* Electronically provided signatures are accepted as original signatures.