Return to: SECRETARY OF STATE TOO WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED  ** FINAL NOTICE **  Copporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  MITCHELL S. OLSON 5711 KAYLA COURT  COEUR D'ALENE ID 83814  2201 GOVERNMENT WAY  COEUR D'ALENE ID 83814  2201 GOVERNMENT WAY  COEUR D'ALENE ID 83814  2201 GOVERNMENT WAY  COEUR D'ALENE ID 83814		806	Annual Re	an November 30.			NOT A P.O. BOX
ALPINE DENTAL ASSOCIATES, P.  PO BOX 83720  BOISE, ID 83720-0080  NO FEE REQUIRED  ** FINAL NOTICE **  COEUR D'ALENE ID 83314  COEUR D'ALENE ID 83314  COEUR D'ALENE ID 8366  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Managers	Return to:		4				
SIGNATURE OF CURRENT RA   Signature   Date						o o manife	
NO FEE REQUIRED  ** FINAL NOTICE ** COEUR D'ALENE ID 83314  ** COPORATIONS: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held  Name  Street or P.O. Address  City  State  Zip  LEE P. COPPESS RT. 2 BOX 224  HAYDEN LAKE ID 83835  MITCHELL S. OLSON 5711 KAYLA COURT  COEUR D'ALENE ID 83814  ** SIGNATURE OF CURRENT RA  6.   Certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name  (Typod or Lett P. Coppess, D.D.S. Title MEMBER  Name  (Typod or Lett P. Coppess, D.D.S. Title MEMBER  Title MEMBER	PO BOX 83720		I .			IR D'ALEN	ID 83814
** FINAL NOTICE ** COEUR D'ALENE ID 83314 ID W 806  Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)  Office held Name Street or P.O. Address City State Zip  LEE P. COPPESS RT. 2 BOX 224 HAYDEN LAKE ID 83835  MITCHELL S. OLSON 5711 KAYLA COURT COEUR D'ALENE ID 83814  SIGNATURE OF CURRENT RA  6.   Certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Date ///2////  Name (Typed or LEE P. Coppess, D.D.S. Title MEMBER  Name (Typed or LEE P. Coppess, D.D.S. Title MEMBER  Title ME	BOISE, ID 83720	0-0080	2201 GOVERNMEN	YAW TI			
Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or Managers or Managers of	NO FEE REQU	UIRED			3. Organia	ed Under the Laws	of:
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)  Office held Name Street or P.O. Address City State Zip  LEE P. COPPESS RT. 2 BOX 224 HAYDEN LAKE ID 83835  MITCHELL S. OLSON 5711 KAYLA COURT COEUR D'ALENE ID 83814  SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Date ///2/65  Name (Typed or LEE P. Coppe SS, D. D.S. Title MEMSE/Z	** FINAL 1	NOTICE **	COEUR D'ALENE	10 83814	.	D W	806
LEE P. COPPESS RT. 2 BOX 224 HAYDEN LAKE ID 83835  MITCHELL S. OLSON 5711 KAYLA COURT COEUR D'ALENE ID 83814  SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature Date 1//2/66  Name (Typed or LEE P. Loppess, 7. D.S. Title MEMBER.)						<b>)</b>	i
MITCHELL S. OLSON 5711 KAYLA COURT COEUR D'ALENE ID 83814  SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name (Typest or ACE P. Coppess, 7). D.S. Title MEMBER  Name (Typest or ACE P. Coppess, 7). D.S. Title MEMBER	Office held	Name	Street or	P.O. Address	Cîty	<u>State</u>	Zip
SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name (Typed or LEE P. Loppess, D. D.S. Title MEMBER		LEE P. C	OPPESS RT. 2 BO	X 224	HAYDEN	LAKE ID	83835
SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name (Typed or Printed)  Name (Typed or Printed)  Title MEMBER							
SIGNATURE OF CURRENT RA  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature  Name (Typed or Printed)  Name (Typed or Printed)  Title MEMBER		MITCHELL	S. OLSON 5711 KAY	LA COURT	COEUR	D'ALENE ID	83814
knowledge true, correct and complete.  Signature  Signature  Name (Typed or LEE P. Coppess, D. D.S. Title MEMSER	·						
knowledge true, correct and complete.  Signature    Signature   Si							•
knowledge true, correct and complete.  Signature    Signature   Si	•						
knowledge true, correct and complete.  Signature    Signature   Si							
knowledge true, correct and complete.  Signature    Name   Typed or   LEE P. Coppess, D. D.S.   Title   MEMBER						i	;
Name (Typed or LEE P. Coppess, D.D.S. Title MEMBER	***************************************	or or cuon	5 to 5 to 6. I certify that 1	this Annual Report h	as been examined	by me and is to the	ne best of my
	SIGNATU	RE OF CURR	knowledge tr	rue, correct and comp	as been examined	11/2/2	ne best of my
	SIGNATU	RE OF CURR	knowledge tr Signature	rue, correct and comp	olete.	11/2/2	ne best of my
	SIGNATU	RE OF CURR	knowledge tr Signature	rue, correct and comp	olete.	Date 11/12/94	
	SIGNATU		knowledge tr Signature Signature Name (Typed or Printed)	rue, correct and comp	olete.	Date 11/12/94	
	SIGNATOR		knowledge tr Signature Signature Name (Typed or Printed)	rue, correct and comp	olete.	Date 11/12/94	
	SIGNATOR		knowledge tr Signature Signature Name (Typed or Printed)	rue, correct and comp	olete.	Date 11/12/94	•
	SIGNATOR		knowledge tr Signature Signature Name (Typed or Printed)	rue, correct and comp	olete.	Date 11/12/94	•
	· · · · · · · · · · · · · · · · · · ·		knowledge tr Signature Signature Name (Typed or Printed)	rue, correct and comp	olete.	Date 11/12/94	
	SIGNATOR		knowledge tr Signature Signature Name (Typed or Printed)	rue, correct and comp	olete.	Date 11/12/94	