

No. <b>W 806</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>LEE P. COPPES, D.D.S.</b> <b>2201 GOVERNMENT WAY</b>  <b>COEUR D'ALEN ID 83814</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>ALPINE DENTAL ASSOCIATES, P.</b> <b>LEE P. COPPES, D.D.S.</b> <b>2201 GOVERNMENT WAY</b>  <b>COEUR D'ALENE ID 83814</b>		3. Organized Under the Laws of: <div style="display: flex; justify-content: space-around;"> <span>ID</span> <span>W</span> <span>806</span> </div>
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
	LEE P. COPPES	RT. 2 BOX 224	HAYDEN LAKE ID 83835
	MITCHELL S. OLSON	5711 KAYLA COURT	COEUR D'ALENE ID 83814
5. <b>SIGNATURE OF CURRENT RA</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="display: flex; justify-content: space-between;"> <div>           Signature <u><i>Lee P. Coppes</i></u>            Name (Typed or Printed) <u>LEE P. COPPES, D.D.S.</u> </div> <div>           Date <u>11/12/96</u>            Title <u>MEMBER</u> </div> </div>	

ISSUED: 10-05-1998

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