No. W 806	Due no later than January 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	MITCHELL S OLSON
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALPINE DENTAL ASSOCIATES, P.L.L.C. MITCHELL S OLSON 2201 GOVERNMENT WAY #A COEUR D'ALENE, ID 83814	2201 GOVERNMENT WAY #A COEUR D'ALENE, ID 83814
NO FILING FEE IF RECEIVED BY DUE DATE	Mo ₂ e ₹	3. New Registered Agent Signature
 Limited Liability Compar 	nies: Enter Names and Addresses of Members.	
Office held Name	Street or P.O. Address	y <u>State</u> Zip
Owner- Mitchell	501501. 2001 N Government Way	Coeurd Hene
	,	IDaho 83814
·		
5. Organized Under the Laws of:	6. Sheen All	400
IDAHO W 806	Name (Typed or Sherry Galante	Date 11-806 Office Title Makager
Issued 11/01/2006	Do Not Tape or Staple	200701005830