

No. W 806		Due no later than Jan 31, 2011		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		MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ALPINE DENTAL ASSOCIATES, P.L.L.C. MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084 USA					
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 DR	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 806		Signature: Mitchell S.Olson			Date: 11/30/2010		
		Name (type or print): Mitchell S.Olson			Title: Owner		
Processed 11/30/2010		* Electronically provided signatures are accepted as original signatures.					