

No. W 806	Due no later than Jan 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX MITCHELL S OLSON 2201 GOVERNMENT WAY #A COEUR D'ALENE, ID 83814																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ALPINE DENTAL ASSOCIATES, P.L.L.C. MITCHELL S OLSON 2201 GOVERNMENT WAY #A COEUR D'ALENE, ID 83814		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Mitchell S. Olson</td> <td>2201 Government way #A</td> <td>Coeur d'Alene ID</td> <td></td> <td>83814</td> </tr> <tr> <td></td> <td></td> <td>Coeur d'Alene ID</td> <td></td> <td></td> <td>83814</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Mitchell S. Olson	2201 Government way #A	Coeur d'Alene ID		83814			Coeur d'Alene ID			83814
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		Coeur d'Alene ID			83814																
5. Organized Under the Laws of: IDAHO W 806		6. Signature <u>Mitchell S. Olson</u> Date <u>11-20-01</u> Name <small>(Typed or Printed)</small> <u>Mitchell S. Olson</u> Title <u>Member</u>																			