	Due no later than Jan 31, 2002	Registered Agent and Office NO PO BOX
No. W 806	Annual Report Form	MITCHELL S OLSON
Return to: SECRETARY OF STATE	 Mailing Address - Correct in this box, if applicable 	2201 GOVERNMENT WAY #A
700 WEST JEFFERSON	ALPINE DENTAL ASSOCIATES, P.L.L.C.	
PO BOX 83720	MITCHELL S OLSON	COEUR D'ALENE, ID 83814
BOISE, ID 83720-0080	2201 GOVERNMENT WAY #A	
DOIO2 , ID 00.20 00.00		3. New Registered Agent Signature
NO FILING FEE IF	COEUR D'ALENE, ID 83814	
RECEIVED BY DUE DATE		
4. Limited Liability Comp	panies: Enter Names and Addresses of Members.	
4. Littlied Liability Conf.		v State <u>Zip</u>
Office held Name Member Mitchell S	Street or P.O. Address City	y <u>State</u>
	2201 Government way #A Coev Coem di Mane IB 63814	und'Hene ID 83814
5. Organized Under the Laws of	f. 6	
5. Organized Under the Laws of	6. Signature Mithell Solar	
5. Organized Under the Laws of IDAHO	6. Signature Arthelf Solam	
	6. Signature Author Solum Name (Typed or Mitchell 5-015)	
IDAHO	Name Printed) Mitchell 5-0152	