

No. W 806		Due no later than Jan 31, 2010		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	83835-5084	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 806		Signature: Sherylee J. Galante			Date: 11/10/2009		
		Name (type or print): Sherylee J. Galante			Title: Office Manager		
Processed 11/10/2009		* Electronically provided signatures are accepted as original signatures.					