

No. W 806		Due no later than Jan 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALPINE DENTAL ASSOCIATES, P.L.L.C. MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084 USA		MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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: ID W 806		6. Annual Report must be signed.* Signature: Sherylee J. Galante Name (type or print): Sherylee J. Galante Date: 11/10/2009 Title: Office Manager					
Processed 11/10/2009 * Electronically provided signatures are accepted as original signatures.							