

No. W 806		Due no later than Jan 31, 2018		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		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		MITCHELL S OLSON 8636 N WAYNE DR HAYDEN ID 83835-5084			
				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 DRIVE	HAYDEN	ID	USA	83835-5084	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 806		Signature: Mitchell S Olson				Date: 12/06/2017	
		Name (type or print): Mitchell S Olson				Title: Owner	
Processed 12/06/2017		* Electronically provided signatures are accepted as original signatures.					