

NO. **W 806**

Due no later than January 31, 2005
Annual Repo' Form

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 if this box, if applicable

ALPINE DENTAL ASSOCIATES, P.L.L.C.
MITCHELL S OLSON
2201 GOVERNMENT WAY #A
COEUR D'ALENE, ID 83814

2. Registered Agent and Office **NO PO BOX**

MITCHELL S OLSON
2201 GOVERNMENT WAY #A
COEUR D'ALENE, ID 83814

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held

Name

Street or P.O. Address

City

State

Zip

OWNER

Mitchell S. Olson D.D.S

Coeur d'Alene

Id

83814

5. Organized Under the Laws of:

IDAHO
W 806

6.

Signature

Name Typed or
Printed

Mitchell S Olson

Date

11-9-04

Title *OWNER*