No. <b>W 25558</b>		Due no later than Aug 31, 2018		2. Registered Age	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  1. Mailing Address: Correct in this box if needed.  DECARE DENTAL NETWORKS, LLC JAMI J MEISTER  120 MONUMENT CIRCLE INDIANAPOLIS IN 46204			C T CORPORATION SYSTEM			
				921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*				
								4. Limited Liability Co
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	VINCENT E	SCHER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER			3560 DELTA DENTAL DRIVE	EAGAN	MN	USA	55122-3166	
MANAGER KATHLEEN S			120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	ERIC K NOE	BLE	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MN		Signature: KATHLEEN S KIEFER			Date: 09/18/2018			
W 25558		Name (type or print): KATHLEEN S KIEFER			Title: SECRETARY			
Processed 09/18/2018		* Electronically provided signatures are accepted as original signatures.						