

No. W 55908		Due no later than Nov 30, 2017 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. DECARE DENTAL, LLC JAMI J. MEISTER 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
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	
MANAGER	ROBERT DAVID KRETSCHMER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	KATHLEEN S KIEFER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	DANI V FJELSTAD	3560 DELTA DENTAL DRIVE	EAGAN	MIN		55122	
MEMBER	ERIC K NOBLE	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
5. Organized Under the Laws of: MN W 55908		6. Annual Report must be signed.* Signature: Kathleen S. Kiefer Name (type or print): Kathleen S. Kiefer					
		Date: 11/29/2017 Title: Secretary					
Processed 11/29/2017 * Electronically provided signatures are accepted as original signatures.							