

No. <b>C 43920</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DELTA DENTAL PLAN OF IDAHO, INC. GREG DONACA P.O. BOX 2870 BOISE ID 83701		JEAN DELUCA 555 E PARKCENTER BLVD BOISE ID 83706			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	GREG DONACA	555 E PARKCENTER BLVD	BOISE	ID	USA	83706	
PRESIDENT	JEAN DELUCA	555 E PARKCENTER BLVD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 43920</b>		Signature: Kristina Inskeep				Date: 05/02/2016	
		Name (type or print): Kristina Inskeep				Title: Accounting Manager	
Processed 05/02/2016		* Electronically provided signatures are accepted as original signatures.					