

No. W 117197		Due no later than Sep 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. HEALTH SERVICES GROUP, LLC KRISTINA INSKEEP 555 E. PARKCENTER BLVD BOISE ID 83706 USA		DELTA DENTAL PLAN OF IDAHO INC 555 E PARKCENTER BLVD BOISE ID 83706			
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 MEMBER	Name GREG DONACA	Street or PO Address 555 E PARKCENTER BLVD		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of: ID W 117197		6. Annual Report must be signed.* Signature: Kristina Inskeep Name (type or print): Kristina Inskeep Date: 08/08/2017 Title: Accounting Manager					
Processed 08/08/2017 * Electronically provided signatures are accepted as original signatures.							