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| No. W 117197 | Due no later than Sep 30, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. HEALTH SERVICES GROUP, LLC PO BOX 2870 BOISE ID 83701 | | DELTA DENTAL PLAN OF IDAHO INC 555 E PARKCENTER BLVD BOISE ID 83706 | | | |
| | | | 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 |
| MEMBER | GREG DONACA | 555 E PARKCENTER BLVD | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: ID W 117197 | 6. Annual Report must be signed.* Signature: Greg Donaca Name (type or print): Greg Donaca | | Date: 07/15/2013 Title: Cfo | | | |
| Processed 07/15/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |