No. C 176000		Du	e no later than Nov 30, 2009	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANTAGE DENTAL PLAN, INC. THOMAS G PATERSON 442 SW UMATILLA STE 200 REDMOND OR 97756 USA		12446 W GRI	KELLY INMAN 12446 W GREGORY BOISE ID 83709 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	TAMARA K ABBETT R MIKE SHIRTCLIFF		442 SW UMATILLA SUITE 200 442 SW UMATILLA STE 200	REDMOND REDMOND	OR OR	USA USA	97756 97756	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR		Signature: Th	Date:	Date: 09/28/2009				
C 176000		Name (type o	Title: Idaho Representative					
Processed 09/28/2009		* Electronically p	rovided signatures are accepted as original s	signatures.				