

No. <b>W 25559</b>		<b>Due no later than Aug 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b> DECARE DENTAL HEALTH INTERNATIONAL, LLC JAMI J. MEISTER 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	DANI V FJELSTAD	3560 DELTA DENTAL DRIVE	EAGAN	MN	USA	55122-3166	
MANAGER	KATHLEEN S. KIEFER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	DAVID KRETSCHMER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	ERIC K NOBLE	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
5. Organized Under the Laws of:  <b>MN W 25559</b>		6. Annual Report must be signed.* Signature: Kathleen S. Kiefer Name (type or print): Kathleen S. Kiefer Date: 08/21/2015 Title: Secretary					
Processed 08/21/2015		* Electronically provided signatures are accepted as original signatures.					