

No. <b>W 117197</b>		<b>Due no later than Sep 30, 2016</b>		<b>Annual Report Form</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> HEALTH SERVICES GROUP, LLC KRISTINA INSKEEP 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:  <b>ID W 117197</b>		6. Annual Report must be signed.* Signature: Kristina Inskeep Name (type or print): Kristina Inskeep Date: 07/26/2016 Title: Accounting Manager					
Processed 07/26/2016		* Electronically provided signatures are accepted as original signatures.					