

No. <b>C 150566</b>	<b>Due no later than Aug 31, 2005</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>  DENTAL BENEFIT PROVIDERS, INC. MARGARET LINDNER 6300 OLSON MEMORIAL HIGHWAY MN010-E151 GOLDEN VALLEY MN 55427 0000 USA		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702 0000			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country Postal Code	
5. Organized Under the Laws of:  <b>DELAWARE</b> <b>C 150566</b>	<b>6. Annual Report must be signed.*</b>  Signature: APUR PATEL Name (type or print): APUR PATEL					
		Date: 08/11/2005 Title: ASSISTANT SECRETARY				
Processed 08/11/2005		* Electronically provided signatures are accepted as original signatures.				