

No. <b>C 150566</b>		Due no later than Aug 31, 2005		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>Annual Report Form</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															
				3. <u>New</u> Registered Agent Signature:*															
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7"> </td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
5. Organized Under the Laws of:  <b>DELAWARE C 150566</b>		6. Annual Report must be signed.* <table border="1"> <tr> <td>Signature: APUR PATEL</td> <td>Date: 08/11/2005</td> </tr> <tr> <td>Name (type or print): APUR PATEL</td> <td>Title: ASSISTANT SECRETARY</td> </tr> </table>				Signature: APUR PATEL	Date: 08/11/2005	Name (type or print): APUR PATEL	Title: ASSISTANT SECRETARY										
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Processed 08/11/2005		* Electronically provided signatures are accepted as original signatures.																	