

|  |             |   |           |   |         |             |
|--|-------------|---|-----------|---|---------|-------------|
| No. <b>C 176000</b>  |             | <b>Due no later than Nov 30, 2016</b>   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>ADVANTAGE DENTAL PLAN, INC.<br>TAMARA L KESSLER<br>442 SW UMATILLA STE 200<br>SUITE 200<br>REDMOND OR 97756 |           | T GRAHAM PATERSON<br>7313 KINGSTON DR<br>BOISE ID 83704 |         |             |
|  |             |   |           | 3. <u>New</u> Registered Agent Signature:*              |         |             |
| 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 |
| SECRETARY  | JIM HAWKINS | 465 MEDFORD STREET  | BOSTON    | MA  | USA     | 02129       |
| TREASURER  | JIM COLLINS | 465 MEDFORD STREET  | BOSTON    | MA  | USA     | 02129       |
| PRESIDENT  | TODD CRUSE  | 3322 WEST END AVENUE SUITE 100  | NASHVILLE | TN  | USA     | 37203       |
| 5. Organized Under the Laws of:<br><br><b>OR<br/>C 176000</b>  |             | 6. Annual Report must be signed.*<br>Signature: Jim Hawkins<br>Name (type or print): Jim Hawkins<br><br>Date: 11/29/2016<br>Title: Secretary  |           |   |         |             |
| Processed 11/29/2016   |             | * Electronically provided signatures are accepted as original signatures.   |           |   |         |             |