

No. C 176000		Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. ADVANTAGE DENTAL PLAN, INC. TAMARA L KESSLER 442 SW UMATILLA STE 200 SUITE 200 REDMOND OR 97756		T GRAHAM PATERSON 7313 KINGSTON DR 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: OR C 176000	6. Annual Report must be signed.* Signature: Jim Hawkins Name (type or print): Jim Hawkins						
Processed 11/29/2016	Date: 11/29/2016 Title: Secretary * Electronically provided signatures are accepted as original signatures.						