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| No. W 25559 | | Due no later than Aug 31, 2009 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DECARE DENTAL HEALTH INTERNATIONAL, LLC MARY JO ECKHOLM 3560 DELTA DENTAL DR EAGAN MN 55122-3166 USA | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA | | |
| | | | | 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 |
| MANAGER | DAVID B MORSE | 3560 DELTA DENTAL DR | EAGAN | MN | USA | 55122-3166 |
| MANAGER | DANI V FJELSTAD | 3560 DELTA DENTAL DRIVE | EAGAN | MN | USA | 55122-3166 |
| MANAGER | MICHAEL F WALSH | 3560 DELTA DENTAL DRIVE | EAGAN | MN | USA | 55122-3166 |
| 5. Organized Under the Laws of: MN W 25559 | | 6. Annual Report must be signed.* Signature: Mary Jo Eckholm Name (type or print): Mary Jo Eckholm Date: 06/15/2009 Title: Paralegal | | | | |
| Processed 06/15/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | |