

No. <b>W 25558</b>		<b>Due no later than Aug 31, 2013</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> DECARE DENTAL NETWORKS, LLC JAMI J MEISTER 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	DANI V FJELSTAD	3560 DELTA DENTAL DRIVE	EAGAN	MN	USA	55122-3166	
MANAGER	KATHLEEN S KIEFER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	DAVID KRETSCHMER	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
5. Organized Under the Laws of:  <b>MN W 25558</b>		6. Annual Report must be signed.* Signature: Kathleen S. Kiefer Name (type or print): Kathleen S. Kiefer					
		Date: 07/26/2013 Title: Manager					
Processed 07/26/2013		* Electronically provided signatures are accepted as original signatures.					