

No. <b>W 117197</b>		<b>Due no later than Sep 30, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  HEALTH SERVICES GROUP, LLC KRISTINA INSKEEP PO BOX 2870 BOISE ID 83701		DELTA DENTAL PLAN OF IDAHO INC 555 E PARKCENTER BLVD BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name GREG DONACA	Street or PO Address 555 E PARKCENTER BLVD		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of:  <b>ID</b> <b>W 117197</b>		6. Annual Report must be signed.*  Signature: Kristina Inskeep Name (type or print): Kristina Inskeep  Date: 07/15/2014 Title: Accounting Manager					
Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures.							