No. W 25559		Due no later than Aug 31, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DECARE DENTAL HEALTH INTERNATIONAL, LLC JAMI J. MEISTER 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
200		nes 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	R. DAVID K		120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
MANAGER	ERIC K NOB	LE	120 MONUMENT CIRCLE	INDIANAPOLIS	IN	USA	46204	
5. Organized Under the Laws of:		6. Annual Report m						
MN		Signature: KATHLEEN S KIEFER		Date: 09/18/2018				
W 25559		Name (type or p	Title: SECRETARY					
Processed 09/18/2018 * Electronically provided signatures are accepted as original signatures.								