

No. W 25558		Due no later than Aug 31, 2008 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		1. Mailing Address: Correct in this box if needed. DECARE DENTAL NETWORKS, 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			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MICHAEL F WALSH	3560 DELTA DENTAL DRIVE	EAGAN	MN	USA	55122-3166	
MANAGER	DANI V FJELSTAD	3560 DELTA DENTAL DRIVE	EAGAN	MN	USA	55122-3166	
MANAGER	NANCY L MCMORRAN	3560 DELTA DENTAL DRIVE	EAGAN	MN	USA	55122-3166	
5. Organized Under the Laws of: MN W 25558		6. Annual Report must be signed.* Signature: David B. Morse Name (type or print): David B. Morse					
		Date: 06/13/2008 Title: Manager					
Processed 06/13/2008		* Electronically provided signatures are accepted as original signatures.					