

No. <b>W 25558</b>		<b>Due no later than Aug 31, 2008</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 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	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:  <b>MN W 25558</b>		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.				