No. **C 210325**	**Due no later than Jul 31, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DENTRUST DENTAL INTERNATIONAL, INC. 6097 EASTON RD PIPERSVILLE PA 18947	STANLEY W WELSH 1501 S TYRELL LANE BOISE ID 83706 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	LAWRENCE B CAPLIN, D.M.D.	6097 EASTON RD	PIPERSVILLE	PA		18947

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
PA **C 210325**	Signature: NMR	Date: 05/18/2017
	Name (type or print): NMR	Title: PAYROLL MANAGER

Processed 05/18/2017

* Electronically provided signatures are accepted as original signatures.