

No. <b>W 25558</b>		<b>Due no later than Aug 31, 2009</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>  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			
<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	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</b> <b>W 25558</b>		6. Annual Report must be signed.*  Signature: Mary Jo Eckholm Name (type or print): Mary Jo Eckholm					
		Date: 06/15/2009 Title: Paralegal					
Processed 06/15/2009 * Electronically provided signatures are accepted as original signatures.							