

Filing Fee: \$150.00

ID Number: 134237



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
CORPORATIONS DIVISION  
AUG 15 11 27 AM '03

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION  
(To Be Filed In Duplicate)**

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is: DeCare Dental Health International, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is: \_\_\_\_\_

3. The limited liability company is organized under the laws of Minnesota

4. The date of its organization is 5/29/01

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:  
10 Weybosset Street Providence, RI 02903  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is C T CORPORATION SYSTEM  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
3560 Delta Dental Drive, Eagan, MN 55122-3166

9. The mailing address for the limited liability company is:  
3560 Delta Dental Drive, Eagan, MN 55122-3166

**FILED**

**AUG 15 2003**

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10. The limited liability company is to be managed by:

(Check one box only)

its members *or*  by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
Michael Walsh	3560 Delta Dental Drive, Eagan, MN 55122-3166
David B. Morse	3560 Delta Dental Drive, Eagan, MN 55122-3166

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 8/6/03

DeCare Dental Health International, LLC  
Print Exact Name of Limited Liability Company Making Application

By *David B. Morse*  
Signature of authorized person  
David B. Morse/Manager/General Counsel

State of Minnesota

**SECRETARY OF STATE**

Certificate of Good Standing

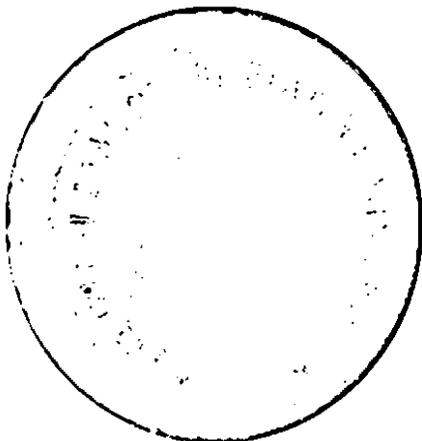
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: DeCare Dental Health International, LLC

Date Formed or Registered: May 29, 2001

State of Organization: Minnesota

This certificate has been issued on August 14, 2003.



*Mary Kiffmeyer*  
Secretary of State.