

1.) CORPORATION NAME: <b>Avia Dental Plan, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL CORPORATE RESEARCH, LTD.          250 BROWNS HILL COURT          MIDLOTHIAN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>	DUE DATE: <b>6/30/2015</b> SCC ID NO: <b>F1632274</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
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COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1025 MAIN ST STE 916  CITY/ST/ZIP: WHEELING, WV 26003
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KAREN COFFIELD TITLE: PRESIDENT ADDRESS: 1025 MAIN ST STE 916 CITY/ST/ZIP/CO: WHEELING, WV 26003	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KAREN COFFIELD	KAREN COFFIELD, PRESIDENT	6/10/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.