No. <b>W 148629</b>		Due no later than Mar 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  DENTAL MANAGEMENT GROUP, LLC 135 WARREN AVE POCATELLO ID 83201		MATTHEW G ROMRIEL 4464 DEER AVE CHUBBUCK ID 83202  3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE			i at least are Marcher or Marcher					
200		nes and Addresses of	at least one Member or Manager.				_	
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	PAUL P ROM	MRIELL	135 WARREN AVE		POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Paul Romriell			Date: 04/01/2017			
W 148629		Name (type or print): Paul Romriell			Title: Member			
Processed 04/01/2017 * Electronically provided signatures are accepted as original signatures.								