| No. **W 156104** | **Due no later than Sep 30, 2016**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>GRANT DENTAL MANAGMENT GROUP, LLC<br>2275 S EAGLE ROAD<br>STE 140<br>MERIDIAN ID 83642 | T HETHE CLARK<br>251 E FRONT STREET #200<br>BOISE ID 83642<br><br>3. New 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 | SCOTT WILLIAM GRANT | 2275 S. EAGLE ROAD STE 140 | MERIDIAN | ID | USA | 83642 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 156104** | Signature: Scott Grant<br>Name (type or print): Scott Grant | Date: 08/01/2016<br>Title: President |

Processed 08/01/2016

* Electronically provided signatures are accepted as original signatures.