

No. W 148629		Due no later than Mar 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	PAUL P ROMRIELL	135 WARREN AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 148629		6. Annual Report must be signed.* Signature: Paul Romriell Name (type or print): Paul Romriell Date: 05/23/2016 Title: Owner					
Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures.							