

RECEIVED
OCT 23 2025
NEW HAMPSHIRE
DEPARTMENT OF STATE

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

Use this form to swear or affirm the truth and completeness of
Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: DENNEY & BOULEY GROUP LLC

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): CONCORD HOSPITAL CONCORD REGIONAL HEALTHCARE

Date of Report (check one):

April 30, 2025 ☐ July 30, 2025 ☐ October 29, 2025 ☒ January 28, 2026 ☐

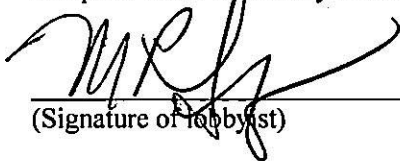
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

Addendum A(s). _____

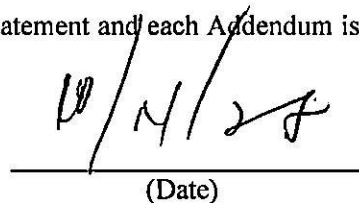
Addendum B(s). _____

Addendum C(s). _____

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)



(Date)

MICHAEL P DENNEHY

(Print Name of lobbyist)