No. C 147027		D	ue no later than Jan 31, 2010	2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. EDWARD C. WAGNER, D.M.D., P.A. EDWARD C WAGNER DMD 5999 E GATEWAY DR		EDWAF	EDWARD C WAGNER DMD 5999 E GATEWAY DR BOISE ID 83716 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BOISE				
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 8				ignature.		
200		ess Addresses o	f President, Secretary, and Directors. Treasu			_		
Office Held Nar			Street or PO Address	City	State	Country	Postal Code	
	LESLIE A WAGNER EDWARD C. WAGNER		5999 E. GATEWAY DRIVE 5999 E. GATEWAY DRIVE	BOISE BOISE	ID ID	USA USA	83716 83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 147027		Signature: L	eslie A. Wagner		Date: 01/13/2010			
		Name (type or print): Leslie A. Wagner			Title: Secretary			
Processed 01/13/2010	0	* Electronically provided signatures are accepted as original signatures.						