No. <b>C 164786</b>		Due no later than Jan 31, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KEITH L STUCKI				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  EDGEWATER DENTAL P.C.  KEITH L STUCKI 524 E FUJII DR  NAMPA ID 83686  USA		ed.	524 E FUJII DR NAMPA ID 83686  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	DIANNA S STUCKI KEITH L STUCKI		524 E. FUJII DR 524 E. FUJII DR		Nampa Nampa	ID ID	USA USA	83686 83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 164786		Signature: Keith L. Stucki		Date: 02/10/2010				
		Name (type or print): Keith L. Stucki			Title: President			
Processed 02/10/2010 * Electronically provided signatures are accepted as original signatures.								