

No. <b>C 164786</b>		<b>Due no later than Jan 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> EDGEWATER DENTAL P.C. KEITH L STUCKI 1436 S EDGEWATER CIRCLE NAMPA ID 83686		DAVID C HADERLIE DDS 1436 S EDGEWATER CIRCLE NAMPA ID 83686		
				3. <u>New</u> 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
DIRECTOR	KEITH L STUCKI	524 E FUJII DRIVE	NAMPA	ID	USA	83686
DIRECTOR	CAMERON KUEHNE	2626 W LOS FLORES	MERIDIAN	ID	USA	83646
DIRECTOR	JAMISON SPENCER	2101 FALLS BRIDGE DRIVE	RALEIGH	NC	USA	27614
PRESIDENT	KEITH L STUCKI	524 E FUJII DRIVE	NAMPA	ID	USA	83686
SECRETARY	KEITH L STUCKI	524 E FUJII DRIVE	NAMPA	ID	USA	83686
5. Organized Under the Laws of:  <b>ID C 164786</b>		6. Annual Report must be signed.* Signature: KEITH L. STUCKI Name (type or print): KEITH L. STUCKI  Date: 01/04/2017 Title: PRESIDENT				
Processed 01/04/2017		* Electronically provided signatures are accepted as original signatures.				