

No. C 164786		Due no later than Jan 31, 2011 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 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		KEITH L STUCKI 524 E FUJII DR 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	
SECRETARY	DIANNA S STUCKI	524 E. FUJII DR	NAMPA	ID	USA	83686	
PRESIDENT	KEITH L STUCKI	524 E. FUJII DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 164786		6. Annual Report must be signed.* Signature: Keith L. Stucki Name (type or print): Keith L. Stucki					
Processed 12/02/2010		* Electronically provided signatures are accepted as original signatures. Date: 12/02/2010 Title: President					