No. C 164786	D	Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. EDGEWATER DENTAL P.C. KEITH L STUCKI 1436 S EDGEWATER CIRCLE NAMPA ID 83686		2. Registered Agent and Address (NO PO BOX) KEITH L STUCKI 1436 S EDGEWATER CIRCLE NAMPA ID 83686 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	EDGEWATER KEITH L STU 1436 S EDGE						
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR CAMER DIRECTOR JAMISC PRESIDENT KEITH	L STUCKI ON KUEHNE ON SPENCER L STUCKI L STUCKI	524 E FUJII DRIVE 2626 W LOS FLORES 2101 FALLS BRIDGE DRIVE 524 E FUJII DRIVE 524 E FUJII DRIVE	NAMPA MERIDIAN RALEIGH NAMPA NAMPA	ID ID NC ID ID	USA USA USA USA USA	83686 83646 27614 83686 83686	
5. Organized Under the Laws of: 6. Annual Report many Krith I				Data: 11	/27/2017		
ID Signature: Keith L. C 164786 Name (type or prin		eith L. Stucki or print): Keith L. Stucki	Date: 11/27/2017 Title: President				
Processed 11/27/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					