No. C 122058	Due no later than Dec 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	CONTRACTOR NOTICE PROGRAMMENT PROGRAMMENT	WAYNE R MARPE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. WAYNE R. MARPE D.D.S., P.A. WAYNE R MARPE 2420 W RAINWATER CT			2420 W RAINWATER CT MERIDIAN ID 83646-1289			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			MERIDIAN IL				
	MERIDIAN ID 83646-1289		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
PRESIDENT WAYNE R MARPE		2420 W. RAINWATER CT.	MERIDIAN	ID	USA	83646-1289	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: wayne richard marpe			Date: 10/31/2017			
C 122058	Name (type o	Name (type or print): wayne richard marpe Title: DDS					
Processed 10/31/2017	* Electronically provided signatures are accepted as original signatures.						