No. W 11839		Due no later than Apr 30, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WAYNE MARPE PROPERTIES, L.L.C. WAYNE R MARPE DDS 2420 W RAINWATER CT MERIDIAN ID 83646-1289		STE 500 110 BOISE ID 8	ERIC L HAFF STE 500 1109 MAIN ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager					
Office Held	Name	ines and ridaresse.	Street or PO Address	City	State	Country	Postal Code	
MANAGER	WAYNE R MARPE DDS		2420 W.RAINWATER CT.	MERIDIAN	ID	USA	83646-1289	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 11839		Signature: Wayne R. Marpe Dds Date: 03/25/2011					L	
		Name (type or		Title: Dentist				
Processed 03/25/2011 * Electronically provided signatures are accepted as original signatures.								