

No. C 122058	Due no later than Dec 31, 2016 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. WAYNE R. MARPE D.D.S., P.A. WAYNE R MARPE 2420 W RAINWATER CT MERIDIAN ID 83646-1289		WAYNE R MARPE 2420 W RAINWATER CT MERIDIAN ID 83646-1289			
			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
PRESIDENT	WAYNE R MARPE	2420 W. RAINWATER CT.	MERIDIAN	ID	USA	83646-1289
5. Organized Under the Laws of: ID C 122058	6. Annual Report must be signed.* Signature: wayne r marpe Name (type or print): wayne r marpe		Date: 12/18/2016 Title: dentist [ret]			
Processed 12/18/2016		* Electronically provided signatures are accepted as original signatures.				