| No. W 11839 | | Due no later than Apr 30, 2016 | | 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 Addresses | s of at least one Member or Manager | | | | | |
| Office Held | Name | mes and made esse. | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | R WAYNE R MARPE DDS | | 2420 W RAINWATER CT | MERIDIAN | ID | | 83646-1289 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 11839 | | Signature: wayne r marpe | | 1 | Date: 04/17/2016 | | | |
| | | Name (type or print): wayne r marpe | | 7 | Title: owner/dentist | | | |
| Processed 04/17/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |