

No. **C 122058****Due no later than December 31, 2004**
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WAYNE R. MARPE D.D.S., P.A.
WAYNE R MARPE
927 N. LINDER RD.
KUNA, ID 83634WAYNE R MARPE
927 N LINDER RD
KUNA, ID 83634**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

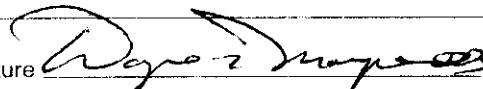
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CEO/PRES.	WAYNE R MARPE DDS	2420 W. RAINWATER	Meridian	Id	83642

5. Organized Under the Laws of:

IDAHO
C 122058

6.

Signature

Name (Typed or
Printed)

WAYNE R. MARPE DDS

Date

10/10/04

Title

DDS. P.A.