

No. C 122058

Due no later than December 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

WAYNE R MARPE  
2420 W RAINWATER CT  
MERIDIAN, ID 83642

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

NO FILING FEE IF  
RECEIVED BY DUE DATE

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

WAYNE R. MARPE D.D.S., P.A.  
WAYNE R MARPE  
2420 W RAINWATER CT  
MERIDIAN, ID 83642 B3646-1289

3. New Registered Agent Signature

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

Office held \_\_\_\_\_ Name \_\_\_\_\_

Street or P.O. Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

CEO/PRES

WAYNE R MARPE DDS PA.

2420 W. Rainwater Ct.  
Meridian, Id B3646-1289

5. Organized Under the Laws of:

IDAHO  
C 122058

6. Signature \_\_\_\_\_

Date \_\_\_\_\_

10/6/07

Name (Type or Print) WAYNE R. MARPE DDS

Title OWNER