| No. C 122058 | D | ue no later than Dec 31, 2010 | 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 R. MARPE D.D.S., P.A. WAYNE R MARPE 2420 W RAINWATER CT | | 2420 W RAIN MERIDIAN IE | WAYNE R MARPE 2420 W RAINWATER CT MERIDIAN ID 83642-1289 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | D 83646-1289 | 3. <u>New</u> Register | red Agent S | ignature:* | | |
| | iness Addresses o | f President, Secretary, and Directors. Treasu | ırer (optional). | | | W 000 | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT WAYNE R MARPE 24 | | 2420 W. RAINWATER CT. | MERIDIAN | ID | USA | 83646-1289 | |
| 5. Organized Under the Laws of: | Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: V | Vayne R. Marpe | | Date: 12/13/2010 | | | |
| C 122058 | C 122058 Name (type or print): Wayne R. Marpe | | | Title: D.d.s. ,p.a. | | | |
| Processed 12/13/2010 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |