

No. **C 122058**

**Due no later than December 31, 2003
Annual Report Form**

2. 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 83634

WAYNE R MARPE
927 N LINDER RD

KUNA, ID 83634

3. New Registered Agent Signature

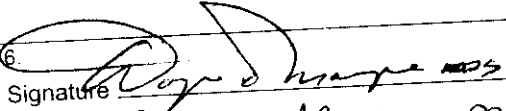
**NO FILING FEE IF
RECEIVED BY DUE DATE**

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>
President	WAYNE R. MARPE, DDS.	927 N. LINDER	KUNA	ID.	83634

5. Organized Under the Laws of:

IDAHO
C 122058

6.  Signature _____ Date 10/8/03
Name (Typed or Printed) WAYNE R. MARPE DDS Title OWNER