

July 29, 1994

JENSEN & HAYE OXYGEN & RESPIRATORY  
KENT JENSEN  
526C SHOUP AVE W  
TWIN FALLS ID 83301

RE: JENSEN & HAYE OXYGEN & RESPIRATORY File Number C 89217

Dear Mr. Jensen:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

No. 30257	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1994</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>																								
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b> * FIRST NOTICE * NO FEE REQUIRED		<b>1. Mailing Address — Please Correct, If Not Correct</b>	KENT T. JENSEN 202 GULCH LANE  TWIN FALLS ID 83301																							
4. Names and Addresses of Officers and Directors		3. Incorporated Under The Laws of ID NO: 89217																								
<b>MUST BE PRINTED OR TYPED</b>																										
<table border="1"> <thead> <tr> <th data-bbox="24 436 404 457"></th> <th data-bbox="404 436 702 457">Name</th> <th data-bbox="702 436 1057 457">Street or P.O. Address</th> <th data-bbox="1057 436 1362 457">City</th> <th data-bbox="1362 436 1462 457">State</th> <th data-bbox="1462 436 1609 457">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="24 457 404 489">President:</td> <td data-bbox="404 457 702 489">KENT T. JENSEN</td> <td data-bbox="702 457 1057 489">202 Gulch Ln</td> <td data-bbox="1057 457 1362 489">TWIN FALLS</td> <td data-bbox="1362 457 1462 489">ID</td> <td data-bbox="1462 457 1609 489">83301</td> </tr> <tr> <td data-bbox="24 489 404 521">Secretary/VP:</td> <td data-bbox="404 489 702 521">DIANA LINCOLN-HAYE</td> <td data-bbox="702 489 1057 521">2980 N. 3800 E.</td> <td data-bbox="1057 489 1362 521">HANSEN</td> <td data-bbox="1362 489 1462 521">ID</td> <td data-bbox="1462 489 1609 521">83334</td> </tr> <tr> <td data-bbox="24 521 404 553">Directors:</td> <td colspan="5" data-bbox="404 521 1609 553" style="text-align: center;">:</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	KENT T. JENSEN	202 Gulch Ln	TWIN FALLS	ID	83301	Secretary/VP:	DIANA LINCOLN-HAYE	2980 N. 3800 E.	HANSEN	ID	83334	Directors:	:				
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Directors:	:																									
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																									
Signature _____ Name (Typed or Printed) <b>KENT T. JENSEN</b>		Date <b>7-26-94</b> Title <b>Pres</b>																								