

July 15, 1997

QUINCE COVE HOMEOWNERS C 105140
2750 MACONDRAY
BOISE ID 83702

RE: QUINCE COVE HOMEOWNERS C 105140

Greetings:

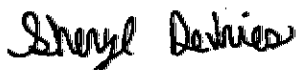
Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The annual report must be signed by an officer of the corporation or the chairman of the board of directors.

The corrected annual report must be received in this office before December 1, 1997 to avoid being subject to administrative dissolution. If you wish to let the corporation administratively dissolve, disregard any future notices you may receive.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

NO. C105140	Annual Report Form 1997 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct QUINCE COVE HOMEOWNERS' ASSO 2750 MACONDRAV BOISE ID 83702	CONSTANCE HOGLAND 1101 N 28TH STE C BOISE ID 83702																														
		3. Organized Under the Laws of: ID C105140																														
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary Earl</td> <td>2778 N. MACONDRAV LN.</td> <td>Boise,</td> <td>ID.</td> <td>83703</td> </tr> <tr> <td>Vice President &</td> <td>Julie Uhlorn</td> <td>2796 N. MACONDRAV LN.</td> <td>Boise,</td> <td>ID.</td> <td>83703</td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary</td> <td>Nicki Heckenlively</td> <td>2750 N. Macondray LN.</td> <td>Boise,</td> <td>ID.</td> <td>83703</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Gary Earl	2778 N. MACONDRAV LN.	Boise,	ID.	83703	Vice President &	Julie Uhlorn	2796 N. MACONDRAV LN.	Boise,	ID.	83703	Treasurer						Secretary	Nicki Heckenlively	2750 N. Macondray LN.	Boise,	ID.	83703
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5.	6. Signature _____ Date _____ Name (Typed or Printed) _____ Title _____																															

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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