

PETE T. CENARRUSA
SECRETARY OF STATE

BEN YSURSA
CHIEF DEPUTY
SECRETARY OF STATE

700 West Jefferson
PO Box 83720
Boise, Idaho 83720-0080
Telephone 208 334-2300
Facsimile 208 334-2282



STATE OF IDAHO
SECRETARY OF STATE

September 12, 1997

Corporations Division
208 334-2301
Uniform Commercial Code Division
208 334-3191
Facsimile 334-2847
Trademarks/Notaries Division
208 334-2300
Elections Division
208 334-2852
Legislative and Executive Affairs
208 334-2300
Fiscal Division
208 334-5355
Computer Services
208 334-5354

HEBER ANDRUS
ANDCO LC W 102
5734 N 25 E
IDAHO FALLS ID 83401

RE: ANDCO LC W 102

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.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed.

The corrected annual report must be received in this office before December 1, 1997 to avoid being subject to revocation. If you wish to let the corporation be revoked by law, 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,

A handwritten signature in cursive script that reads "Sheryl DeVries".

Sheryl DeVries
Corporate Division

Enclosures: cited

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

Due No Later Than November 30,

1. Mailing Address - Please Correct, If Not Correct

ANDCO, LC
HEBER L ANDRUS
5734 N 25 E

IDAHO FALLS ID 83401

WINSTON V BEARD
2105 CORONADO

IDAHO FALLS ID 83404 7

3. Organized Under the Laws of:

ID W 102

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office heldNameStreet or P.O. AddressCityStateZip

5. SIGNATURE OF CURRENT RA

6.

Signature

Name (Typed or Printed)

Date

Title

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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