

July 15, 1997

CURTIS STILLWELL
VALLEY COUNTY SEARCH C 82233
PO BOX 583
CASCADE ID 83611

RE: VALLEY COUNTY SEARCH C 82233

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. C 82233	Annual Report Form Due No Later Than November 30, 1997		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	1. Mailing Address - Please Correct, If Not Correct VALLEY COUNTY SEARCH AND RES CURTIS STILLWELL P O BOX 583 CASCADE ID 83611		CURTIS STILLWELL 12132 HIGHWAY 55 CASCADE ID 83611																														
* FIRST NOTICE *	3. Organized Under the Laws of: ID C 82233		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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Captain</td> <td>Curtis Stillwell</td> <td>P.O. Box 583</td> <td>Cascade</td> <td>Id.</td> <td>83611</td> </tr> <tr> <td>Lieutenant</td> <td>Scott Keitely</td> <td>P.O. Box</td> <td>Lakefork</td> <td>Id.</td> <td>83638</td> </tr> <tr> <td>Secretary</td> <td>Charlene Funkhouser</td> <td>P.O. Box</td> <td>Cascade</td> <td>Id.</td> <td>83611</td> </tr> <tr> <td>Treasurer</td> <td>Linda Stillwell</td> <td>P.O. Box 583</td> <td>Cascade</td> <td>Id.</td> <td>83611</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Captain	Curtis Stillwell	P.O. Box 583	Cascade	Id.	83611	Lieutenant	Scott Keitely	P.O. Box	Lakefork	Id.	83638	Secretary	Charlene Funkhouser	P.O. Box	Cascade	Id.	83611	Treasurer	Linda Stillwell	P.O. Box 583	Cascade	Id.	83611
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5.	6. <div style="margin-top: 20px;"> Signature _____ Date _____ Name (Typed or Printed) _____ Title _____ </div>																																

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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