

August 8, 1997

Kathie Nahas  
KATHIE B., NAHAS, INC. C100430  
597 E State St  
Eagle ID 83616

RE: KATHIE B., NAHAS, INC. C100430


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 names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

The annual report must be signed by an officer of the corporation. 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. C100430	<b>Annual Report Form</b> 1907 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  KATHIE B. NAHAS, INC. KATHIE B NAHAS 597 E STATE ST  EAGLE ID 83010		KATHIE B NAHAS 597 E STATE ST  EAGLE ID 83616  3. Organized Under the Laws of:  ID C100430													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 150px;"></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
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5.		6. Signature <u>Dawn McNair</u> Date <u>8/5</u> <small>(Typed or Printed Name)</small> <u>DAWN McNair</u> <small>Title</small> <u>Secretary</u>														