

July 25, 1994

MAGIC VALLEY SHOPPING CENTER, INC.
WARREN BARRY
PO BOX 1862
TWIN FALLS ID 83301

RE: MAGIC VALLEY SHOPPING CENTER, INC. File Number C 29376

Dear Mr. Barry:

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.

We noted the address of the registered agent had been crossed off in block 2 and the correction is missing. Pursuant to section 30-1-12, Idaho Code, each Idaho corporation must have and continuously maintain a registered agent in this state. Please make the correction and resubmit the form to this office before December 1, 1994 to avoid forfeiture.

Is the address change that you indicate for the mailing address or for the registered agent's address? Please write the full address and put them in the correct box. (For example: If the address change is for the registered agent then please write the address in that box.)

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. 29376 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address — PO Box 1862 MAGIC VALLEY SHOPPING CENTER, I PO Box 1862 P. O. BOX 1862 TWIN FALLS ID 83301	2. Registered Agent and Office NOT A P.O. BOX PO Box 1862 3172 S. BLUE LAKES TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 29376
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4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED			
	Name	Street or P.O. Address	City State Zip
President:	CAROL MATHIS	199 S. 80TH BOULDER CO.	80303
Secretary:	WARREN BARRY	1852 ALTURAS DR	TWIN FALLS ID. 83301
Directors:	GLEN MATHIS		
	ALMA BARRY	1852 ALTURAS DR	TWIN FALLS, ID. 83301
(NOTE ADDRESS CHANGE) ALMA BARRY 1852 ALTURAS DR			
5. Nature of Business COMMERCIAL RENTALS	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 <u>Warren Barry</u> Date <u>7/20/94</u> Name (Typed or Printed) <u>Warren Barry</u> Title <u>Sec</u>		