

October 1, 1997

JAMES NIFFEN
1585 E 39 N
MOUNTIAN HOME ID 83647

RE:ELKHORN SOLUTIONS W 2983


Dear JAMES:

The annual report must be signed by an authorized individual designated by the management of the limited liability company.

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. W 2983	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 ELKHORN SOLUTIONS, LLC JAMES D NIFFEN 1585 E 39 N MOUNTAIN HOME ID 83647		JAMES D NIFFEN 1585 E 39 N MOUNTAIN HOM ID 83647 3. Organized Under the Laws of: ID W 2983	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
OWNER/MANAGER	JAMES NIFFEN	1585 E 39 N	MDE HOME	ID
				83647
5. SIGNATURE OF CURRENT RA		6.		
		Signature _____ Date _____		
		Name (Typed or Printed) _____ Title _____		

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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