

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

JAMES D NIFFEN

1585 E 39 N

MOUNTAIN HOME 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 Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

OWNER/MANAGER JAMES NIFFEN

1585 E 39 N

MOUNTAIN HOME

ID

83647

5. SIGNATURE OF CURRENT RA

6.

Signature _____ Date _____

Name (Typed or Printed) _____ Title _____

ISSUED: 07-04-1997

1911

DO NOT TAPE OR STAPLE