July 19, 1996

Robert Maloney
Pomerelle Portrait Design C104788
PO Box 2723
Twin Falls ID 83303

RE: Pomerelle Portrait Design C104788

Greetings:

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Please find enclosed your recently submitted annual report for the 1996-1997 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.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

Sharyl Darkies

Sheryl DeVries Corporate Division

Enclosures: cited

No. c134783	Annual Report Form  Due No Later Than November 30,	, , , , , , , , , , , , , , , , , , ,	t and Office NOT A P.O. BO
Return to: SECRETARY OF STATE	Mailing Address - Please Correct, If Not Correct	5 7 9 - 4 TH	MALONEY
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	POMERELLE PORTRAIT DESIGN S ROBERT J MALONEY	3-9-6-2T	shahe st. E
NO FEE REQUIRED	PO 30X 2723	3. Organized Unde	115 +D 833.00 or the Laws of:
* FIRST NOTICE *	TWIN FALLS ID 33303	15	C194788
	Addresses of President, Secretary and Directors or Names and Addresses of Managers or Mer	mbers (check one)	
Office held Name	Street or P.O. Address	<u>City</u> -	State Zip
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NATURE OF BUSINESS	6. I certify that this Annual Report has been knowledge true, correct and complete		and is to the best of my
NATURE OF BUSINESS	6. I certify that this Annual Report has I knowledge true, correct and complet Signature		and is to the best of my
EZEVIZLE TE BRUTAN YESARECTOHS	knowledge true, correct and complet Signature	te()	and is to the best of my
NATURE OF BUSINESS	knowledge true, correct and complet Signature  Name (Typed or Printed)	Date _	and is to the best of my
YPEASECTORS	knowledge true, correct and complet Signature  Name (Typed or Printed)	Date _	
PHOTOGRAPHY	knowledge true, correct and complet Signature  Name (Typed or Printed)	Date _	
YPEASECTORS	knowledge true, correct and complet Signature  Name (Typed or Printed)	Date _	
PHOTOGRAPHY ISSUED: 37-06-19	knowledge true, correct and complet Signature  Name (Typed or Printed)	Date _	