

September 1, 1994

OIL SERVICES LEASING CO, L.L.C.
KENRICK E THOMAS
7091 EMERALD
BOISE ID 83704

RE: OIL SERVICES LEASING CO, L.L.C. File Number W 140

Dear Mr. Thomas:

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.

The name(s) and address(es) in block 4 have been completed, however, no box has been checked to specify if they are managers or members. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

We noted the address of the registered agent has been crossed off in block 2 and the correction is missing. Pursuant to section 53-604, Idaho Code, each limited liability company 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 cancellation.

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

BO-LED-07-05-1994

No. 140	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office											
<i>Return To</i> Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ★ FIRST NOTICE ★ NO FEE REQUIRED	<i>Due No Later Than November 1, 1994</i>		JOHN R HANSEN, JR. 7091 EMERALD											
	1. Mailing Address —		BOISE ID 83704											
	DIL SERVICES LEASING CO, L.L.C. JOHN R HANSEN, JR. 7091 EMERALD BOISE ID 83704													
3. Organized Under The Laws of ID NO: 140														
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED														
<table border="0"><thead><tr><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>KENRICK E. THOMAS</td><td>P. O. BOX 8329</td><td>BOISE</td><td>ID</td><td>83707</td></tr></tbody></table>					Name	Street or P.O. Address	City	State	Zip	KENRICK E. THOMAS	P. O. BOX 8329	BOISE	ID	83707
Name	Street or P.O. Address	City	State	Zip										
KENRICK E. THOMAS	P. O. BOX 8329	BOISE	ID	83707										
5. Signature of the Current Registered Agent (if changed in block 2) _____		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>KENRICK E. THOMAS</u> Date <u>8/26/94</u> Name (Typed or Printed) <u>Kenrick E. Thomas</u>												