

July 30, 1997

CITICASTERS CO
50 E RIVER CENTER BLVD 12TH FL
COVINGTON KY 41011

RE: CITICASTERS C 119462

Dear SIRS:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

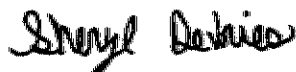
Block 4 indicates that an attachment was to be included. Unfortunately, we found no attachment. We ask that you either complete Block 4 or furnish the attachment listing the officers and directors of the corporation. Please resubmit the completed annual report to this office.

We noted that the corporate name has been altered to indicate a corporate name change. Please be advised, however, that we find no record in this office of such a change. If the corporate name has been changed in its state of domestication, you should file an application for amended certificate of authority, reflecting that change. This office will require the application in duplicate original (enclosed), a certificate of fact evidencing the name change, and filing fees of \$30.00.

The annual report must be signed by an officer of the corporation or the chairman of the board of directors.

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

C119462

Annual Report Form

Due No Later Than November 30,

1997

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

~~CITICASTERS CO.~~
SACOR COMMUNICATIONS, INC.

50 E RIVER CENTER BLVD 12TH FL

COVINGTON

KY 41011

2. Registered Agent and Office **NOT A P.O. BOX**

CT CORPORATION SYSTEM
300 N 6TH ST

BOISE

ID 83701

3. Organized Under the Laws of:

OH

C119462

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 heldNameStreet or P.O. AddressCityStateZip

See attached list.

6.

Signature _____

Date _____

Name (Typed or Printed) _____

Title _____

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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