

July 23, 1996

William Powell  
Powell & orris, P.S. C92861  
W. 220 Main  
Spokane WA 99201

RE: Powell & orris, P.S. C92861

Greetings:

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,



Sheryl DeVries  
Corporate Division

Enclosures: cited

No. C 92861	<b>Annual Report Form</b> 1996 Due No Later Than November 30.		2. Registered Agent and Office <b>NOT A P.O. BOX</b>														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  * FIRST NOTICE *	1. Mailing Address. Please Correct if Not Correct.  POWELL & MORRIS, P.S. WILLIAM J. POWELL #. 220 MAIN  SPOKANE WA 99201		DONOVAN W. PARKER RT. 1 BOX 769  PLUMMER ID 83651  3. Organized Under the Laws of:  WA C 92861														
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																	
<table border="1"> <thead> <tr> <th data-bbox="69 686 330 707">Office held</th> <th data-bbox="330 686 578 707">Name</th> <th data-bbox="578 686 1073 707">Street or P.O. Address</th> <th data-bbox="1073 686 1239 707">City</th> <th data-bbox="1239 686 1404 707">State</th> <th data-bbox="1404 686 1523 707">Zip</th> </tr> </thead> <tbody> <tr> <td colspan="6" data-bbox="69 707 1523 728">Same as before</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	Same as before					
Office held	Name	Street or P.O. Address	City	State	Zip												
Same as before																	
5. NATURE OF BUSINESS  PROFESSIONAL PRACTICE OF LAW		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>Michael M. Parker</u> Date <u>7/19/96</u> Name <u>Michael M. Parker</u> Title <u>partner</u>															

ISSUED: 07-06-1995

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