

August 9, 1996

william May
Spring Creek Associates, W1228
PO Box 475
Soda Springs ID 83276

RE: Spring Creek Associates, W1228

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 name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 3, 1996 to avoid cancellation.

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 1223	Annual Report Form Due No Later Than November 30, 1996		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	1. Mailing Address - Please Correct, If Not Correct SPRING CREEK ASSOCIATES, LIM WILLIAM R MAY 240 S MAIN ST PO Box 475 425 S. Spring Creek Dr.		WILLIAM R MAY 240 S MAIN ST 425 S. Spring Creek Dr. SODA SPRINGS ID 83276							
* FIRST NOTICE *		SODA SPRINGS ID 83276	ID W 1223							
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width:100%"> <tr> <td style="width:15%"><u>Office held</u></td> <td style="width:15%"><u>Name</u></td> <td style="width:35%"><u>Street or P.O. Address</u></td> <td style="width:15%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:10%"><u>Zip</u></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>					
5. SIGNATURE OF CURRENT RA ANY LAWFUL		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><i>William R May</i></u> Date <u>08/02/96</u> Name (Typed or Printed) <u>William R. May</u> Title <u>member</u>								

ISSUED: 07-08-1996

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