

PETE T. CENARRUSA
SECRETARY OF STATE

BEN YSURSA
CHIEF DEPUTY
SECRETARY OF STATE

700 West Jefferson
PO Box 83720
Boise, Idaho 83720-0080
Telephone 208 334-2300
Facsimile 208 334-2282



STATE OF IDAHO
SECRETARY OF STATE

Corporations Division
208 334-2301
Uniform Commercial Code Division
208 334-3191
Facsimile 334-2647
Trademarks/Notaries Division
208 334-2300
Elections Division
208 334-2852
Legislative and Executive Affairs
208 334-2300
Fiscal Division
208 334-5355
Computer Services
208 334-5354

July 16, 1996

NEW ERA CONSTRUCTORS, INC.
VAL MORSE
2024 S EAGLESON RD
BOISE ID 83705

RE: NEW ERA CONSTRUCTORS, INC. File Number C 89448

Dear Ms. Morse:

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 me at (208) 332-2816.

Very truly yours,

A handwritten signature in cursive script that reads "Tonya Herold".

Tonya Herold
Corporate Division

Enclosures: cited

No. C 89443	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 NEW ERA CONSTRUCTORS, INC. VAL MORSE 2024 S. EAGLESON RD. BOISE ID 83725		VAL MORSE 2024 S. EAGLESON RD. BOISE ID 83725 3. Organized Under the Laws of ID C 89443													
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"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip						
Office held	Name	Street or P.O. Address	City	State	Zip											
5. NATURE OF BUSINESS SPECIALTY CONTRACTOR		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>Val Morse</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Val Morse</u> Title <u>Contractor</u>														

ISSUED: 07-06-1996

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