

November 8, 1996

Mrs. Robert Barton  
Advance Distributors, Inc. C45692  
PO Box 640  
Clarkston WA 99403

RE: Advance Distributors, Inc. C45692

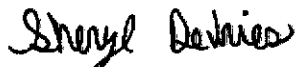
Greetings:

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.

An address outside the state of Idaho has been indicated in block 2. Idaho law requires that the registered agent either be a resident of Idaho or another corporation authorized to do business in this state. Please correct the annual report and resubmit before December 3, 1996 to avoid forfeiture.

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. <b>C 45692</b>	<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>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>ADVANCE DISTRIBUTORS, INC.</b> <b>MRS. ROBERT E BARTON</b> <b>1493 BRIDGE ST</b> <b>PO BOX 640</b> <b>CLARKSTON WA 99403</b>	<b>KIMBERLEY B. BARTON</b> <del>1322 F ST</del> <b>P.O. BOX 640</b> <b>CLARKSTON WA 99403</b> <b>LEWISTON ID 83591</b>  3. Organized Under the Laws of: <b>ID C 45692</b>

4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	THELMA F. BARTON	605 16TH AVE	CLARKSTON	WA	99403
DIRECTOR	KIMBERLEY B. BARTON	605 16TH AVE.	"	"	"
DIRECTOR	SHANE SLICKMAKER	2048 10TH AVE.	"	"	"
5. NATURE OF BUSINESS <b>AUTOMOTIVE AND          AUTO PARTS INDUSTRIAL          SUPPLIES</b>		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>Thelma F. Barton</u> Date <u>10/30/96</u> Name (Typed or Printed) <u>THELMA F. BARTON</u> Title <u>PRES.</u>			

ISSUED: 10-05-1996

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