

July 19, 1996

Dan S Jacobson
Twin Bridges Ltd. Co. W419
PO Box 905
Sandpoint ID 83864

RE: Twin Bridges Ltd. Co. W419

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.

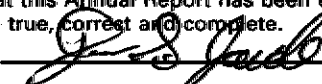
If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. W 419	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX DAN S JACOBSON 220 N FIRST AVE SUITE C CREEKSIDE SANDPOINT ID 83854	
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 TWIN BRIDGES LTD. CO. DAN S JACOBSON PO BOX 905 SANDPOINT ID 33854		3. Organized Under the Laws of: ID W 419	
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)				
<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 _____				
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></u> Date <u>July 16, 1996</u>		
Name (Typed or Printed) <u>Dan S. Jacobson</u>		Title <u>Designated Agent</u>		
ISSUED: 37-08-1996				