

August 28, 1997

IDA-WEST INSURANCE SERVICES  
LOWELL HORNE  
5800 N OASIS DR  
BOISE ID 83714

RE: IDA-WEST INSURANCE SERVICES....File Number C 76333

Dear Mr. Horne:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Pursuant to section 30-1-120(6), Idaho code, the annual report must be signed by the chairman of the board of directors or by an officer of the corporation.

The corrected annual report must be received in this office before December 1, 1997 to avoid being subject to administrative dissolution. If you wish to let the corporation administratively dissolve, disregard any future notices you may receive. If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

No.

*Due No Later Than November 30.*

1907

2. Registered Agent and Office **NOT A P.O. BOX**

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**

IDA-WEST INSURANCE SERVICES,  
LOWELL HORNE  
5800 N. OASIS DR.

BOISE

ID: A3714

LOWELL HORNE  
5800 N. OASIS DR.

BOISE ID 83714

3. Organized Under the Laws of:

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C 76333

4. **Corporations:** Enter Names and Business Addresses of **President, Secretary and Directors**

**Limited Liability Companies:** Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

**Office held**

Name \_\_\_\_\_

**Street or P.O. Address**

City

State

### Ziel

PRES.	Gloriam Horne	5800 N OASIS DR	Boise	Ida	83714
Sec.	Lowell Horne	5800 N OASIS DR	Boise	Ida	83714

5.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Typed or Printed) \_\_\_\_\_ Title \_\_\_\_\_

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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