

July 22, 1996

James Weathers
Boise Massage Therapy & Training C113845
5357 N. goldie
Boise ID 87303

RE: Boise Massage Therapy & Training C113845

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.

Block 5 on your annual report must be completed to show the nature of business of the corporation. (Any Lawful is not acceptable)

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. C113845	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct BOISE MASSAGE THERAPY & TRAI JAMES DEAN WEATHERS 5357 N GOLDIE BOISE ID 83703	JAMES DEAN WEATHERS 5357 N GOLDIE BOISE ID 83703 3. Organized Under the Laws of: ID C113845

4. Corporations: Enter Names and 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	Zip
President	James D. Weathers	5357 N Goldie	Boise	ID	83703
Secretary	Kimberly Weathers	5357 N Goldie	Boise	ID	83703

5. NATURE OF BUSINESS 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>Kimberly Weathers</u> Date <u>7/17/96</u> Name (Typed or Printed) <u>Kimberly Weathers</u> Title <u>Secretary</u>
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ISSUED: 07-06-1996

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