

July 31, 1996

Jeffrey Savage
Mocha Bay LLC W1595
2225 E Locust
Emmett ID 83617

RE: Mocha Bay LLC W1595

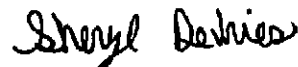
Greetings:

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 names and addresses of the managers or members 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 this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. W 1595	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX JEFFREY C SAVAGE 2225 E LOCUST EMMETT ID 83617												
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 MOCHA BAY, L.L.C. JEFFREY C SAVAGE 2225 E LOCUST EMMETT ID 83617		3. Organized Under the Laws of: ID W 1595												
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 style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 20%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></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. SIGNATURE OF CURRENT RA 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><i>Jeffrey C Savage</i></u> Date <u><i>7/30/96</i></u> Name (Typed or Printed) <u><i>JEFFREY C. SAVAGE</i></u> Title <u><i>PRES.</i></u> <div style="text-align: right;">1379</div>													

ISSUED: 37-38-1995