

PETE T. CENARRUSA
SECRETARY OF STATE

BEN YSURA
CHIEF DEPUTY
SECRETARY OF STATE

700 West Jefferson
PO Box 83720
Boise, Idaho 83720-0080
Telephone 208 334-2300
Facsimile 208 334-2282



STATE OF IDAHO
SECRETARY OF STATE

Corporations Division
208 334-2301
Uniform Commercial Code Division
208 334-3191
Facsimile 334-2847
Trademarks/Notaries Division
208 334-2300
Elections Division
208 334-2852
Legislative and Executive Affairs
208 334-2300
Fiscal Division
208 334-5355
Computer Services
208 334-5354

July 16, 1996

BRS ARCHITECTS A.I.A., P.A.
CAROL ANN WALLIS
1087 W RIVER STE 160
BOISE ID 83702

RE: BRS ARCHITECTS A.I.A., P.A. File Number C 60113

Dear Ms. Wallis:

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 sign the annual report form.

If you have any questions or need further assistance, please do not hesitate to contact me at (208) 332-2816.

Very truly yours,

Tonya Herold
Tonya Herold
Corporate Division

Enclosures: cited

No. C 60113

Annual Report Form 1996
Due No Later Than November 30,

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

BRS ARCHITECTS A.I.A., P.A.

1087 WEST RIVER STE 160

BOISE

ID 83702

JEFF WILSON
420 WASHINGTON

BOISE

ID 83702

3. Organized Under the Laws of:

ID

C 60113

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	Timothy N. Terry	1087 W. River, Ste 160	Boise	ID	83702
V.P.	Billy Ray Strite	"	"	"	"
Secy/Treas.	Clinton M. Yaka	"	"	"	"

5. NATURE OF BUSINESS

ARCHITECTURE

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 _____ Date 7/15/96

Name (Typed or Printed) Carol Ann Wallis Title Office Manager

ISSUED: 07-06-1996

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