

July 25, 1995

21 BANK STREET, BED AND BREAKFAST
TERRI AUSTIN
21 BANK ST
WALLACE ID 83873

RE: 21 BANK STREET, BEAD AND BREAKFAST...File Number W 567

Dear Ms. Austin:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your limited liability company has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the limited liability company has filed a formal dissolution.

If you wish to formally dissolve your limited liability company, you must comply with the requirements of Section 53-647, Idaho Code, by filing the enclosed form, articles of dissolution limited liability company, in duplicate with this office along with the required statutory fee of \$30.00. The articles of dissolution, or an annual report, should be filed before December 1, 1994 to avoid cancellation.

If instead you wish to just allow the limited liability company's articles of organization to be cancelled, then please disregard any subsequent annual report forms which you may receive and the articles of the limited liability company will automatically be cancelled on December 1, 1994.

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

INSTRUCTIONS ON REVERSE SIDE

No. 567	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX											
Return To	Due No Later Than November 30, 1995		TERRI AUSTIN 21 BANK ST											
Secretary of State 700 W Jefferson P.O. Box 83720 Boise ID 83720-9080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct 21 BANK STREET, BED AND BREAKFA TERRI AUSTIN 21 BANK ST		WALLACE ID 83873											
	WALLACE ID 83873		3. Organized Under The Laws of ID NO: 567											
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED <table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td colspan="5">L.L.C. liquidated on 01/01/95; any questions please contact Terri Austin @ 752-1292</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	L.L.C. liquidated on 01/01/95; any questions please contact Terri Austin @ 752-1292				
Name	Street or P.O. Address	City	State	Zip										
L.L.C. liquidated on 01/01/95; any questions please contact Terri Austin @ 752-1292														
5. Signature of the Current Registered Agent (if changed in block 2)		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>Terri M. Austin</u> Date <u>7-21-95</u> Name (Typed or Printed)												