

September 23, 1997

TIMOTHY KOHL  
WIDE OPEN SNOWBOARDS W 459  
PO BOX 3290  
HAILEY ID 83333

RE: WIDE OPEN SNOWBOARDS W 459

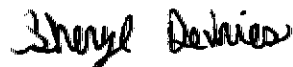
Greetings:

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.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed.

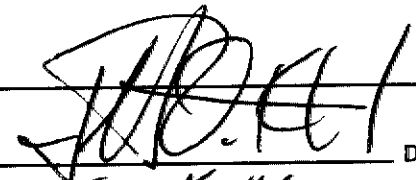
If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries  
Corporate Division

Enclosures: cited

No. <b>W 459</b>	<b>Annual Report Form 1997</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>WIDE OPEN SNOWBOARDS, L.C.</b> <b>TIMOTHY O KOHL</b> <b>PO BOX 3290</b>  <b>HAILEY ID 83333</b>		<b>TIMOTHY O KOHL</b> <b>507 S MAIN ST</b>  <b>HAILEY ID 83333</b>  3. Organized Under the Laws of: <b>ID W 459</b>													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 150px;"></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
5. SIGNATURE OF CURRENT RA		6.  Signature _____ Date <u>9/15/97.</u> Name (Typed or Printed) <u>TIM KOHL</u> Title <u>Partner</u>														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

698