July 24, 1996

Dan Reasor Reasor Lube Centers, Inc. C114155 1309 Horsehaven Post Falls ID 83854

RE: Reasor Lube Centers, Inc. C114155

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,

Shory Devries
Corporate Division

Enclosures: cited

No. c114155	Annual Report Form Due No Later Than November 30, 199	2. Registered Ager	nt and Office NO	A P.O. BOX
700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct REASOR LUBE CENTERS, INC.		ASOR RSEHAVEN	
PO BOX 83720 BOISE, ID 83720-0080	DAN REASOR	POST FAI	LLS ID	83654
NO FEE REQUIRED	1309 HORSEHAVEN	3. Organized Unde	3. Organized Under the Laws of:	
FIRST NOTICE * 4. Corporations: Enter Names and	POST FALLS TO 83854 Addresses of President, Secretary and Directors	ID	c11	4155
percuration - reconstruction and		ers (check one)		
Office held Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
President Dan L. Secretary Jackly	Reason 1309 Horsehaven S Holmka PO By 1416	tost Falls	Ja	83854
Same Table	2 Halmba PO By 1416	Nauden	I	83835
JECTEPONY VALETY	C I Politica			
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5. NATURE OF BUSINESS	6. I certify that this Annual Report has bee	en exemined by me	,	
5.	I certify that this Annual Report has been knowledge true, correct and complete.	Hul Date	,	
5. NATURE OF BUSINESS	6. I certify that this Annual Report has bee knowledge true correct and complete. Signature Name (Typed or Printed)	Pate	,	
5. NATURE OF BUSINESS ANY LAWFUL	6. I certify that this Annual Report has bee knowledge true correct and complete. Signature Name (Typed or Printed)	Pate	and is to the be	