

November 28, 1997

Don Erickson
PRICHARD/MURRAY VOLUNTEER , , , C63527
HCO 1 Box 231
Wallace ID 83873

RE: PRICHARD/MURRAY VOLUNTEER , , , C63527

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.

Pursuant to section 30-1-120(6) the annual report must be signed by an officer of the corporation or the chairman of the board of directors.

The corrected annual report must be received in this office no later than 5:00 pm on December 1, 1997 to avoid being subject to administrative dissolution. If the annual report is not received by that date you must return the annual report with a \$20.00 reinstatement fee. A post mark date will not be accepted.

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. C 63528	Annual Report Form 1997 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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct PRICHARD/MURRAY VOLUNTEER FI FRANCIS GITTER DON ERICKSON HCO 1 BOX 231 WALLACE ID 83873		PRICHARD MURRAY HCO1 BOX 445 WALLACE ID 83873 3. Organized Under the Laws of: ID C 63528												
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 border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>SEC. TREAS.</td> <td>MARY LOUSHEPHERD</td> <td>HCO1-Box 262</td> <td>WALLACE</td> <td>IDA</td> <td>83873</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	SEC. TREAS.	MARY LOUSHEPHERD	HCO1-Box 262	WALLACE	IDA	83873
Office held	Name	Street or P.O. Address	City	State	Zip										
SEC. TREAS.	MARY LOUSHEPHERD	HCO1-Box 262	WALLACE	IDA	83873										
5.		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 _____ Name (Typed or Printed) _____ Title _____													

ISSUED: 10-04-1997

11170