

PETE T. CENARRUSA
SECRETARY OF STATE

BEN YSURSA
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 27, 1994

K-Tek, Inc.
M. Keith Barrett
623 Main Ave N
Twin Falls, Idaho 83301

RE: K-Tek, Inc. File # C 97095

Dear Ms. Brunson:

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.

The annual report must be signed by an officer of the corporation. We will accept an annual report signed by the president, vice-president, secretary, treasurer, assistant secretary, comptroller, or a director. A report signed by the registered agent, attorney, manager, or bookkeeper will not be accepted.

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 Gerold
Tonya Gerold
Corporate Division

Enclosures: cited

No. 97095	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office M KEITH BARRETT 628 MAIN AVE N TWIN FALLS ID 83301
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address — K-TEK, INC. M KEITH BARRETT 623 MAIN AVE N TWIN FALLS ID 83301

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	M. Keith Barrett	628 Main Ave. N.	Twin Falls	id	83301
Secretary:	Dianne Barrett	628 Main Ave. N.	Twin Falls	ID	83301
Directors:					

5. Nature of Business

Developers

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

Name (Typed or Printed)

 Camille Brunson

Date

7-25-94

Title

Office Manager