

July 29, 1996

John Dvorsek  
Alpine Linen Inc. C111063  
POBox 3007  
Bonners Ferry ID 83805

RE: Alpine Linen Inc. C111063

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.

- 1) Block 4 must show complete names and addresses of all officers. A notation that there are "no changes" or "same as last year" is not acceptable.
- 2) Block 5 on your annual report must be completed to show the nature of business of the corporation.

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>C111063</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>ALPINE LINEN INC.</b> <b>JOHN DVORSEK</b> <b>PO BOX 3007</b>	<b>JOHN DVORSEK</b> <b>6500 MAIN (HWY 955)</b>  <b>BONNERS FERRY ID 83805</b>  3. Organized Under the Laws of:  <b>ID</b> <b>C111763</b>

4. **Corporations:** Enter Names and Addresses of **President, Secretary and Directors**  
**Limited Liability Companies:** Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
<p><i>NO CHANGES</i></p>					

5. <b>NATURE OF BUSINESS</b>  <b>ANY LAWFUL</b>	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><i>John Dvorsek</i></u> Date <u><i>7-15-96</i></u> Name <small>(Typed or Printed)</small> <u><i>JOHN DVORSEK</i></u> Title <u><i>pres</i></u>
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ISSUED: 07-06-1996

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