

July 31, 1997

Rod Ariwite
FORT LEMHI INDIAN COMMUNITY C108028
PO Box 642
Fort Hall Id 83203

RE: FORT LEMHI INDIAN COMMUNITY C108028

Greetings:

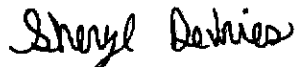
Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

The annual report must be signed by an officer of the corporation or the chairman of the board of directors.

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. C108028	Annual Report Form 1997 <i>Due No Later Than November 30,</i>		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct FORT LEMHI INDIAN COMMUNITY, ROD ARIWITE PO BOX 578 P.O. Box 642 FORT HALL ID 83203 SALMON ID 83467		RODERICK ARIWITE HWY 91 & AGENCY RD FORT HALL ID 83203 3. Organized Under the Laws of: ID C108028													
4. Corporations: Enter Names and Business 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" style="width:100%"> <tr> <td style="text-align:left"><u>Office held</u></td> <td style="text-align:left"><u>Name</u></td> <td style="text-align:left"><u>Street or P.O. Address</u></td> <td style="text-align:left"><u>City</u></td> <td style="text-align:left"><u>State</u></td> <td style="text-align:left"><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>						
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5.		6. Signature _____ Date _____ Name <small>(Typed or Printed)</small> _____ Title _____														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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