

October 23, 1996

Larry Flood
Flood Safety Consulting, L.L.C. W968
27 Rice
Pocatello ID 83201

RE: Flood Safety Consulting, L.L.C. W968

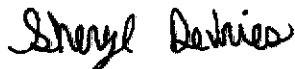
Greetings:

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.

We find that no registered agent is designated for the corporation in block 2. Please be advised that pursuant to section 30-1-12, Idaho Code, each Idaho corporation must have and continuously maintain a registered agent in this state. If it has been established by this office that the corporation has failed for thirty days to appoint and maintain a registered agent in this state, then pursuant to section 30-1-94, Idaho Code, the corporation may be dissolved involuntarily by a decree of the district court in an action filed by the attorney general. To avoid such action, please appoint a registered agent on the annual report and resubmit to this office before December 3, 1996.

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

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|---|------|---------------------------------------|
| No. | W | 908 |
| Annual Report Form Due No Later Than November 30, | | |
| 1996 | | |
| 2. Registered Agent and Office NOT A P.O. BOX | | |
| LARRY FLOOD 27 RICE POCATELLO ID 83201 | | |
| 3. Organized Under the Laws of: ID W 968 | | |
| 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 FLOOD SAFETY CONSULTING, L.L.C. LARRY FLOOD 27 RICE POCATELLO ID 83201 | | |
| 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) | | |
| Office held | Name | Street or P.O. Address City State Zip |
| | | |
| 5. SIGNATURE OF CURRENT RA | | |
| 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>Lawrence J. Flood</u> Date <u>10/19/96</u> | | |
| Name (Typed or Printed) <u>Lawrence J. Flood</u> Title <u>President</u> | | |
| ISSUED: 10-05-1996 | | |