

August 14, 1997

Paul Tate
NATIONAL DOCTOR OF ARTS C95246
PO Box 8075
Pocatello ID 83209

RE: NATIONAL DOCTOR OF ARTS C95246

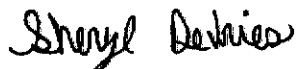
Greetings:

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.

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 95246	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 NATIONAL DOCTOR OF ARTS ASSO A. F. SHERMAN PAUL D. TATE BOX 8075 IDAHO STATE UNIVERSITY POCA TELLO ID 83209		ALAN EGGER PAUL D. TATE 921 SOUTH EIGHTH AVE. IDAHO STATE UNIVERSITY POCA TELLO ID 83209 3. Organized Under the Laws of: ID C 95246													
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="width:15%"><u>Office held</u></td> <td style="width:15%"><u>Name</u></td> <td style="width:35%"><u>Street or P.O. Address</u></td> <td style="width:10%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:10%"><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>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
5.		6. Signature <u><i>Paul D Tate</i></u> Date <u>8/12/97</u> Name (Typed or Printed) <u>PAUL D. TATE</u> Title <u>DEAN OF GRADUATE STUDIES</u>														

ISSUED: 07-04-1997

(DO NOT TAPE OR STAPLE)

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