

July 18, 1996

Wm Zanetti
Trail Motel, Inc. C40248
Box 500
Osborn ID 83849

RE: Trail Motel, Inc. C40248

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.

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

C 41243

Annual Report Form

Due No Later Than November 30.

1996

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

1. Mailing Address - Please Correct, If Not Correct

TRAIL MOTEL, INC.

M. ZANETTI

BOX 500

W.M. ZANETTI

206 W CAMERON AVE

KELLOGG

ID 83837

3. Organized Under the Laws of:

*** FIRST NOTICE ***

OSORN

LD 83849

12

140249

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:

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5. NATURE OF BUSINESS

MOTEL

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

Date:

Name _____

Typed on _____
Printed by _____

Title

ISSUED: 07-06-1996

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