

July 18, 1996

Pam Catt-Oliason  
Idaho Association for Physically Handicapped Adults, Inc. C42499  
3115 Sycamore Dr.  
Boise ID 83703

RE: Idaho Association for Physically Handicapped Adults, Inc. C42499

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.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution in duplicate with this office along with the required statutory fee of \$30.00. The Articles of Dissolution should be filed before December 3, 1996 or an annual report filed by December 3, 1996 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive and the corporation will be automatically forfeited on 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

No. C 42499	<b>Annual Report Form 1996</b> Due No Later Than November 30,	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  IDAHO ASSOCIATION FOR PHYSIC PAM CATT-OLIASON 3115 SYCAMORE DRIVE  BOISE ID 83703	PAM CATT-OLIASON 3115 SYCAMORE DRIVE  BOISE ID 83703  3. Organized Under the Laws of:  ID C 42499

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>NOT in business any longer</p>					

5. NATURE OF BUSINESS  TRANSPORTATION PROVIDER	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 <small>(Typed or Printed)</small> _____ Title _____
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ISSUED: 07-06-1996

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