

July 18, 1997

Todd Schini
Todd R.Schini,D.M.D., PLLC W3378
2201 Government Way
Coeur D'Alene ID 83814

RE: Todd R.Schini,D.M.D., PLLC W3378

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 name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1997 to avoid cancellation.

The annual report must be signed by an authorized individual designated by the management of the limited liability company. Please make the corrections and resubmit the annual report to this office before December 1, 1997 to avoid cancellation.

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. W 3378	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 TODD R. SCHINI, D.M.D., PLLC TODD R SCHINI 2201 GOVERNMENT WAY COEUR D'ALENE ID 83814		TODD R SCHINI 2201 GOVERNMENT WAY COEUR D'ALEN ID 83814 3. Organized Under the Laws of: ID W 3378													
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:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr><td colspan="6" style="height: 100px;"></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. SIGNATURE OF CURRENT RA		6. <table border="0" style="width:100%"> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> _____</td> <td>Title _____</td> </tr> </table>			Signature _____	Date _____	Name <small>(Typed or Printed)</small> _____	Title _____								
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Name <small>(Typed or Printed)</small> _____	Title _____															

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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