

October 18, 1996

David Branson  
Dokken Implement Company, Inc. C38092  
Box 250  
Nezperce Id 83543

RE: Dokken Implement Company, Inc. C38092

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.

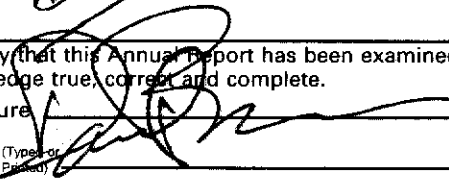
Very truly yours,

No. <b>C 38092</b>	<b>Annual Report Form</b> 1995 <i>Due No Later Than November 30,</i>		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>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct		DAVID W. BRANSON 4TH & PINE
	DOKKEN IMPLEMENT COMPANY, IN DAVID W. BRANSON BOX 250		NEZPERCE ID 83543
NEZPERCE ID 83543		3. Organized Under the Laws of: ID C 38092	

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

<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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Bankrupt  
No longer in Business

5. NATURE OF BUSINESS  FARM EQUIPMENT DEALER	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 (Type or Print)	Title _____	

ISSUED: 10-05-1996

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