

July 19, 1996

Cheryl Crouse
Inland NW Services, Inc. C98119
PO Box 1101
Lewiston ID 83501 1101

RE: Inland NW Services, Inc. C98119

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.

The annual report must be signed by an authorized individual designated by the Board of the corporation.

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 93119	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX CHERYL R CROUSE 3204 FIFTH ST LEWISTON ID 83501
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 INLAND NW SERVICES, INC. CHERYL R CROUSE P O BOX 1101 LEWISTON ID 83501 1101		3. Organized Under the Laws of: ID C 93119
* FIRST NOTICE *			
4. Corporations: Enter Names and 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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Cheryl R. Crouse	P.O. Box 1101	Lewiston ID 83501-1101
Secretary	Stephen B. Crouse	P.O. Box 1101	Lewiston ID 83501-1101
Directors:	Cheryl R. Crouse	P.O. Box 1101	Lewiston ID 83501-1101
	Stephen B. Crouse	P.O. Box 1101	Lewiston ID 83501-1101
5. NATURE OF BUSINESS COPIERS, FAXES, LASERS		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 <u>2/16/96</u> Name (Typed or Printed) <u>Cheryl R. Crouse</u> Title <u>Pres.</u>	

ISSUED: 07-06-1996

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