

September 1, 1995

D. J. Simpson
PO BOX 1842
Idaho Falls ID 83401

RE: DR. PHILIP N. LEAVITT, C 45004

Dear DJ:

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 1, 1995 or an annual report filed by December 1, 1995 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 1, 1995.

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

INSTRUCTIONS ON REVERSE SIDE

1995 07-06-1233

| No. 45004 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | | | |
|---|--|------|--|-------------|------|------------------------|------|-------|-------------|------------|--|--|--|--|------------|--|--|--|--|------------|--|--|--|--|
| Return To | Due No Later Than November 30, 1995 | | PHILIP N. LEAVITT, M.D. 8535 S 15 W | | | | | | | | | | | | | | | | | | | | | |
| Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED | DR. PHILIP N. LEAVITT, PROFESSOR D. J. SIMPSON P. O. BOX 1842 IDAHO FALLS ID 83401 | | IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID NO: 45004 | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>- THIS CORPORATION NO LONGER EXISTS - LAST TAX RETURN HAS BEEN FILED.</p> | | | | | Name | Street or P.O. Address | City | State | Postal Code | President: | | | | | Secretary: | | | | | Directors: | | | | |
| Name | Street or P.O. Address | City | State | Postal Code | | | | | | | | | | | | | | | | | | | | |
| President: | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business | 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  Name (Typed or Printed) <u>D. J. Simpson</u> Date <u>8-25-95</u> Title <u>Business Manager</u> | | | | | | | | | | | | | | | | | | | | | | | |