

August 7, 1996

Idaho Falls Post No. 2146 C101365  
PO Box 2146  
Idaho Falls ID 83403

RE: Idaho Falls Post No. 2146 C101365

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.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

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. <b>C101365</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		<b>DEAN BENSON</b> <b>1155 QUIGLEY</b>  <b>IDAHO FALLS ID 83401</b>													
	<b>IDAHO FALLS POST NO. 2146 VE</b>  <b>P O BOX 2146</b>  <b>IDAHO FALLS ID 83403</b>															
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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: 150px;"></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>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
5. <b>NATURE OF BUSINESS</b>  <b>VETERANS ORGANIZATION</b>		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 <u><i>Robert E Woods</i></u> Date <u><i>Aug 2 1996</i></u> Name (Typed or Printed) <u><i>ROBERT E. WOODS</i></u> Title <u><i>TREASURER</i></u>														

ISSUED: 37-05-1996

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