

August 9, 1995

GARDNER AND GARDNER, P.A.  
JAMES GARDNER  
PO BOX 744  
GRANGEVILLE ID 83530

RE: GARDNER AND GARDNER, P.A. File Number C 110260

Dear Mr. Gardner:

Please find enclosed your recently submitted annual report for the 1995-1996 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The names of the officers and directors of the corporation have been shown in block 4, but complete addresses are not given. Please furnish addresses for the officers and directors listed. 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 me at (208) 332-2816.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

## INSTRUCTIONS ON REVERSE SIDE

110260 No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX MICHELLE HUFFMAN GARDNER 617 W N ST																					
Return To	Due No Later Than November 9, 1995																							
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address -- Please Correct if Not Correct GARDNER AND GARDNER, P.A. MICHELLE HUFFMAN GARDNER PO BOX 744		GRANGEVILLE ID 83530																					
* FIRST NOTICE * NO FEE REQUIRED	GRANGEVILLE ID 83530		3. Incorporated Under The Laws of ID NO: 110260																					
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: James W. Gardner</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary: Michelle H. Gardner</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>					Name	Street or P.O. Address	City	State	Postal Code	President: James W. Gardner					Secretary: Michelle H. Gardner					Directors:				
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Directors:																								
5. Nature of Business  Medical Office		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) James W. Gardner Date 8-7-95 Title Pres.																						