

July 23, 1997

William Borders
BORDERS, OSPREY & CHIPMUNKS C115344
7676 Eureka Rd
Sagle ID 83860

RE: BORDERS, OSPREY & CHIPMUNKS C115344

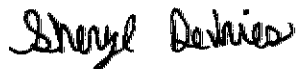
Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 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 officer of the corporation or the chairman of the board of directors.

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. C115344	Annual Report Form 1987 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> BORDERS, OSPREY & CHIPMUNKS, WILLIAM BORDERS 7676 EUREKA RD </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> WILLIAM BORDERS 7676 EUREKA RD SAGLE ID 83860 </div>																		
	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> SAGLE ID 83860 </div>	3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID C115344 </div>																		
4. Corporations: Enter Names and Business 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)																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>WILLIAM BORDERS</td> <td>7676 EUREKA RD</td> <td>SAGLE</td> <td>ID</td> <td>83860</td> </tr> <tr> <td>SECRETARY</td> <td>KATHY BORDERS</td> <td>7676 EUREKA RD</td> <td>SAGLE</td> <td>ID</td> <td>83860</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	WILLIAM BORDERS	7676 EUREKA RD	SAGLE	ID	83860	SECRETARY	KATHY BORDERS	7676 EUREKA RD	SAGLE	ID	83860
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SECRETARY	KATHY BORDERS	7676 EUREKA RD	SAGLE	ID	83860															
5.	6. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature _____ Date _____ Name (Typed or Printed) _____ Title _____ </div>																			

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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