July 22, 1996

Dquirrh Associates Northern Hydro Inc. C81649 350 S 400 E Suite G-1 Salt Lake City Ut 84111

RE: Northern Hydro Inc. C81649

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.

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 3, 1996 or an annual report filed by December 3, 1996 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 3, 1996.

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

Sharyl Derhies

No. c 31649	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct NORTHERN HYDRO INC.	Mailing Address - Please Correct, If Not Correct STEVE BEAN 324 WEST FRANKL:		CN :
PO BOX 83720 BOISE, ID 83720-0080	OQUIRRH ASSOCIATES	POISE	ID	B3732
NO FEE REQUIRED	350 SOUTH 400 EAST, SUITE G-1	3. Organized Unde	er the Laws of:	
* FIRST NOTICE *	SALT LAKE CITY UT 84111	Τ ο	c_8:	1649
 Corporations: Enter Names a Limited Liability Companies: I 	and Addresses of President, Secretary and Directors Inter Names and Addresses of Managers or Members	(check one)		
Office held Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
	Street or P.O. Address Wolfer in Business			*
NATURE OF BUSINE	I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature			est of my
DEVELOPMENT	Name (Typed or	Title		
ISSUED: 37-06-	1995	28998		