

November 28, 1995

DONALD HUMPHREY
1684 CHURCH HILL DOWNS
POCATELLO ID 83201

RE: ENDLESS SUMMER TANNING W 864

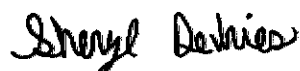
Dear Donald:

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1995 to avoid cancellation.

If we receive the form back after November 30, 1995 there will be a \$10.00 fee due to reinstate.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

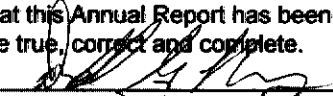


Sheryl DeVries
Corporate Division

Enclosures: cited

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 09-30-1995

No. 864	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX											
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 *** FINAL NOTICE *** NO FEE REQUIRED	Due No Later Than November 30, 1995		DONALD G HUMPHREY											
	1. Mailing Address -- Please Correct if Not Correct		4922 YELLOWSTONE STE #6											
	ENDLESS SUMMER TANNING SALON L. DONALD G HUMPHREY 1684 CHURCH HILL DOWNS POCATELLO ID 83201		CHUBBUCK ID 83202 3. Organized Under The Laws of ID NO: 864											
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="height: 100px;"> </td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip					
Name	Street or P.O. Address	City	State	Zip										
5. Signature of the Current Registered Agent (if changed in block 2) _____		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) DONALD G. HUMPHREY Date 10-30-95												