

July 29, 1996

Jim Boyd  
Willows Homeowners C 58023  
3221 The Willows  
Twin Falls ID 83301

RE: Willows Homeowners C 58023


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.

The annual report must be signed by an authorized individual designated by the Board of the corporation.

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. C 58023	<b>Annual Report Form</b> 1995 Due No Later Than <b>September 30,</b>		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>	1. Mailing Address - Please Correct <input checked="" type="checkbox"/> Not Correct  <b>WILLOWS HOMEOWNERS ASSOCIATION</b> <b>JIM BOYD</b> <b>3221 THE WILLOWS</b>  <b>TWIN FALLS ID 83301</b>		<b>JOHN S. JENSEN</b> <b>130 2ND AVE. N.</b>  <b>TWIN FALLS ID 83301</b>  3. Organized Under the Laws of:  <b>ID C 58023</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="1" data-bbox="28 351 1460 585"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>George Miller</td> <td>The Willows Dr</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec</td> <td>Becky Ward</td> <td>The Willows Dr</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Treas.</td> <td>John Jensen</td> <td>3223 Willows Ct.</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	George Miller	The Willows Dr	Twin Falls	ID	83301	Sec	Becky Ward	The Willows Dr	"	"	"	Treas.	John Jensen	3223 Willows Ct.	"	"	"
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Treas.	John Jensen	3223 Willows Ct.	"	"	"																							
5. <b>NATURE OF BUSINESS</b>  <b>MAINTAIN COMMON AREAS</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 _____ Date _____  Name (Typed or Printed) _____ Title _____																										

ISSUED: 16-1995

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