October 18, 1996

Robert Recht Golden Future Mines, Inc. C113691 PO Box 444 Murray ID 83874

RE: Golden Future Mines, Inc. C113691

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,

Due No Later Than N 1. Mailing Address - Please Correct GOLDEN FUTURE MI ROBERT F RECHT PO BOX 444 MURRAY	t, If Not Correct	6073 PRIC MURRAY 3. Organized Under t	ID	83874
d Addresses of President, Secretar ter Names and Addresses of Ma	ry and Directors	I D	C113	691
	_	City	<u>State</u>	<u>Zip</u>
6. I certify that this	Annual Report has been		d is to the be	est of my
TION & DEVELOPMENT	How the first	Title	10-14	4-96
996			153	
\ \ \ \	SS 6. certify that this knowledge trues.	SS 6. I certify that this Annual Report has been knowledge true correct and complete. Signature DEVELOPMENT	Street or P.O. Address City 6. certify that this Annual Report has been examined by me an knowledge true, correct and complete. Signature DEVELOP MENT Name (Typed or Printed) Name (Typed or Printed) Title	Street or P.O. Address City State City State 6. certify that this Annual Report has been examined by me and is to the be knowledge true correct and complete. Signature DEVELOPMENT