October 27, 1994

ALTERNATIVE CORRECTIONAL FACILIT...
RICHARD TAYLOR
PO BOX 5536
KETCHUM ID 83340

RE: ALTERNATIVE CORRECTIONAL FACILIT...File Number C 100790

Dear Mr. Taylor:

Please find enclosed your recently submitted annual report for the 1994-1995 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 1, 1994 or an annual report filed by December 1, 1994 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 1, 1994.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold Corporate Division

Enclosures: cited

Section 1 Section 1 Section 2	INSTRUCT	TIONS ON REVERSE SIDE		on the Arthritism of the Section
No.100790	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 1,1994  1. Mailing Address — Please Correct, If Not Correct ALPERNATIVE CORRECTIONAL FACILI RICHARD T TAYLOR PO BOX 5536		RICHARD T TAYLOR 220 2VA CVE SO STE 101	
Secretary of State Room 203, Statehouse Boise, ID 83720			KETCHUM	ID 83340
** FINAL NOTICE **			3. Incorporated Under The Laws	
NO FEE PEQUIRED	CETCHUM	ID 33340	No: 100790	
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED O	R TYPED	
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
Secretary: Directors:	ATTON WAS	S UNINCORDOR	<b>13.00</b>	
5. Nature of Business	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			
	Signature Name (Typed or Printed)		Date Title	