

July 24, 1997

GREATER ST. ANTHONY CHAMBER OF COMMERCE C81531
114 N Bridge
St. Anthony ID 83445

RE: GREATER ST. ANTHONY CHAMBER OF COMMERCE C81531

Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

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, 1997 to avoid cancellation.

The annual report must be signed by an officer of the corporation or the chairman of the board of directors.

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 81531	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																																																																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct GREATER ST. ANTHONY CHAMBER 110 WEST MAIN 114 N BRIDGE ST. ANTHONY ID 83445		JON LANG <i>ROD L PERKINS</i> 410 WEST MAIN <i>114 N BRIDGE</i> ST. ANTHONY ID 83445 3. Organized Under the Laws of: ID C 81531																																																																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <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> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip																																																												
Office held	Name	Street or P.O. Address	City	State	Zip																																																																	
5. <i>ROD L PERKINS</i> <i>President</i>		6. Signature _____ Date _____ Name (Typed or Printed) _____ Title _____																																																																				

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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