

December 17, 1997

THOMAS BOYER  
717 D STREET  
LEWISTON ID 83501

RE: DR THOMAS R BOYER PC C 116611

Dear THOMAS:

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

The annual report must be back in our office by 5:00 on February 6, 1997 to avoid dissolution.

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. <b>C116611</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1997</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>DR. THOMAS R. BOYER, P.C.</b> <b>THOMAS R. BOYER</b> <b>717 D. STREET</b>  <b>LEWISTON ID 83501</b>		<b>THOMAS R. BOYER</b> <b>717 D. STREET</b>  <b>LEWISTON ID 83501</b>  3. Organized Under the Laws of:  <b>ID C116611</b>													
4. Corporations: Enter Names and Business 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="0" style="width:100%"> <tr> <td style="width:15%"><u>Office held</u></td> <td style="width:15%"><u>Name</u></td> <td style="width:35%"><u>Street or P.O. Address</u></td> <td style="width:10%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:15%"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 150px;"></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
5.		6. Signature <u>Thomas R. Boyer</u> Date <u>11-15-97</u> Name (Typed or Printed) <u>THOMAS BOYER</u> Title <u>PM</u>														

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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