

August 23, 1996

Karen Szelwach
Markoley L.L.C. W2460
517 Ridge Rd
Moscow ID 83843

RE: Markoley L.L.C. W2460

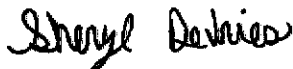
Greetings:

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.

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 3, 1996 to avoid cancellation.

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. W 2403	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX							
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83726 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MARKOLEY L.L.C. KAREN SZELWACH WALLACE CENTER 2ND FL 517 Ridge Rd. MOSCOW ID 83844		KAREN SZELWACH WALLACE CENTER 2ND FL MOSCOW ID 83844 3. Organized Under the Laws of: ID W 2460							
4. Corporations: Enter Names and 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="0" style="width:100%"> <tr> <td style="width:20%"><u>Office held</u></td> <td style="width:20%"><u>Name</u></td> <td style="width:30%"><u>Street or P.O. Address</u></td> <td style="width:15%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:5%"><u>Zip</u></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. SIGNATURE OF CURRENT RA ANY LAWFUL		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 <u>Karen Szelwach</u> Date <u>20 Aug 96</u> Name (Typed or Printed) <u>Karen Szelwach</u> Title <u>mgr.</u>								
ISSUED: 07-08-1996 2051										