

August 1, 1996

Allan Larsen
Idaho Potato Expo, Inc. C93255
PO Box 366
Blackfoot ID 83221

RE: Idaho Potato Expo, Inc. C93255

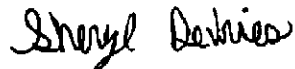
Greetings:

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.

- 1) Block 4 must show complete names and addresses of all officers.
- 2) The annual report must be signed by an authorized individual designated by the Board of the corporation.

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 93255	Annual Report Form <i>Due No Later Than November 30,</i> 1975		2. Registered Agent and Office NOT A P.O. BOX ALLAN F. LARSEN 248 TAPOR ROAD BLACKFOOT ID 83221												
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 IDAHO POTATO EXPO, INC. ALLAN F. LARSEN 170 W. MAIN P.O. Box 366 BLACKFOOT ID 83221		3. Organized Under the Laws of: ID C 93255												
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></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. NATURE OF BUSINESS POTATO EXPOSITION		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 _____ Name (Typed or Printed) _____ Title _____													

ISSUED: 07-06-1995

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