

August 6, 1996

Peter Simon  
Advanced Insurance Concepts C115036  
2422 Joretta Dr  
Boise ID 83704

RE: Advanced Insurance Concepts C115036

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 5 on your annual report must be completed to show the nature of business of the corporation.
- 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. C115036

Annual Report Form

1996

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  
  
ADVANCED INSURANCE CONCEPTS,  
PETER A SIMON  
2422 JORETTA DR  
  
BOISE ID 83704

PETER A SIMON  
2422 JORETTA DR  
  
BOISE ID 83704  
  
3. Organized Under the Laws of:  
  
ID C115036

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Peter A Simon	2422 Joretta	BOISE	ID	83704
Sec/Treas	Laura J. Simon				

5. NATURE OF BUSINESS  
  
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 \_\_\_\_\_ Date \_\_\_\_\_  
Name (Typed or Printed) \_\_\_\_\_ Title \_\_\_\_\_

ISSUED: 07-06-1996

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