

August 6, 1996

A BRUCE HEYWOOD
PO BOX 665
FRUITLAND ID 83619

RE: BRUCE HEYWOOD INSURANCE C 107885

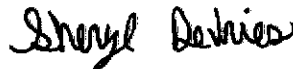
Dear Bruce:

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.

A post office box is shown as the address for the registered office in block 2. Since the purpose of the registered office is to name a location for service of process, a street address or rural route is required.

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. C107885	Annual Report Form 1996 <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 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct	A BRUCE HEYWOOD BOISE P.O. Box 665 Fruitland ID 83619 BOISE
	BRUCE HEYWOOD INSURANCE AGENT A BRUCE HEYWOOD BOISE P.O. Box 665 Fruitland ID 83619 BOISE	
3. Organized Under the Laws of:		ID C107885

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	A. Bruce Heywood	PO Box 665	Fruitland	ID	83619
Secretary	LeNell Heywood	PO Box 665	Fruitland	ID	83619

5. NATURE OF BUSINESS INSURANCE AGENCY	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><i>[Signature]</i></u> Date <u>7/31/96</u> Name (Typed or Printed) <u>Bruce Heywood</u> Title <u>President</u>
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ISSUED: 07-06-1996

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