

July 18, 1997

David Mills  
MILLS PROPERTIES, LC. W3865  
2345 W Samaria Rd  
Malad ID 83252

RE: MILLS PROPERTIES, LC. W3865

Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 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 1, 1997 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 3805	<b>Annual Report Form</b> 1997 <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  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct MILLS PROPERTIES, L.C. DAVID R MILLS 2345 W. SAMARIA RD MALAD ID 83252		DAVID R MILLS 2345 W. SAMARIA RD MALAD ID 83252  3. Organized Under the Laws of: ID W 3865							
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:15%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:10%"><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		6. Signature <u>DR MILLS</u> Date <u>7/14/97</u> Name (Typed or Printed) _____ Title _____								

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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