

September 9, 1996

BOB SIMPSON  
BLAINE-CAMAS BI-COUNTY FARM C 39245  
BOX 609  
HAILEY ID 83333

RE: BLAINE-CAMAS BI-COUNTY FARM C 39245

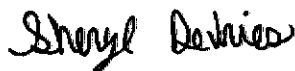
Greetings:

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 names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

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. <b>C 39245</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <del>LARRY PETERSON</del> <b>Bob Simpson</b>							
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  <b>BLAINE-CAMAS BI-COUNTY FARM</b> <del>LARRY PETERSON</del> <i>Bob Simpson</i> <b>BOX 609</b>  <b>HAILEY ID 83333</b>		<b>NORTH MAIN STREET</b>  <b>BELLEVUE ID 83313</b>  3. Organized Under the Laws of:  <b>ID C 39245</b>							
4. Corporations: Enter Names and 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:20%"><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: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. <b>NATURE OF BUSINESS</b>  <b>NON-PROFIT GENERAL FARM ORGANIZATION</b>	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>Bob Simpson</i></u> Date <u><i>7-29-96</i></u> Name <small>(Typed or Printed)</small> _____ Title _____									

ISSUED: 07-06-1996

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