

July 21, 1994

T.J.L. PROPERTIES L.C.
TARREL DAVIS
56 E 100 N
MALAD ID 83252

RE: T.J.L. PROPERTIES L.C. File Number W 107

Dear Mr. Davis:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The name(s) and address(es) in block 4 have been completed, however, no box has been checked to specify if they are managers or members. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

The annual report must be signed by a manager/member of the limited liability company. A report signed by a registered agent, attorney or bookkeeper will not be accepted. Please make the corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

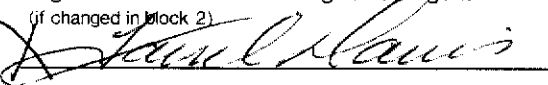
Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

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No. 107	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		TARREL DAVIS 56 E 100 N	
	1. Mailing Address —		MALAD ID 83252	
	T.J.L. PROPERTIES L.C. TARREL DAVIS 56 E 100 N MALAD ID 83252		3. Organized Under The Laws of ID NO: 107	
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Tarrel Davis	56 E 100N	Malad	Ida.	83252
Joe Ray Davis	312 Harrison Rd.	Malad	Ida.	83252
Janette Grange	179 S. 300 E.	Lindon	Utah	84042
5. Signature of the Current Registered Agent (if changed in block 2) 		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) _____		