

July 25, 1996

Geroge Wolfe  
Lambert's Mobile Butchering C108939  
1780 Aronmink  
Meridian ID 83642

RE: Lambert's Mobile Butchering C108939

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.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution in duplicate with this office along with the required statutory fee of \$30.00. The Articles of Dissolution should be filed before December 3, 1996 or an annual report filed by December 3, 1996 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive and the corporation will be automatically forfeited on December 3, 1996.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

No. C108939	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</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  LAMBERT'S MOBILE BUTCHERING, GEORGE E WOLFE 1780 ARDMINK		GEORGE E WOLFE 1780 ARDMINK  MERIDIAN ID 33642
	MERIDIAN ID 33642		3. Organized Under the Laws of:  ID C108939

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

*This corporation No longer is functioning*

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 <small>(Typed or Printed)</small> _____ Title _____
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ISSUED: 07-06-1996

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