

August 19, 1996

Sherron Carlson  
Gercan Corp. C99719  
PO Box 997  
Meridian ID 83642

RE: Gercan Corp. C99719

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.

- 1) Block 4 must show complete names and addresses of all officers. ("Same as last year" is not sufficient.)
- 2) The annual report must be signed by an authorized individual designated by the Board of the corporation.

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 99719</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>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i> 1. Mailing Address - Please Correct, If Not Correct GERCAN CORP. SHERRON C. CARLSON PO BOX 997  MERIDIAN      ID 33642		2. Registered Agent and Office <b>NOT A P.O. BOX</b> SHERRON C. CARLSON 15800 ROSE BRIAR LANE  VAMPA      ID 83687  3. Organized Under the Laws of: ID      C 99719											
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"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center;">Same</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Same					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Same														
5. <b>NATURE OF BUSINESS</b>  AUTO BODY SHOP AND TOWING	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 _____													

ISSUED: 07-06-1996

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