

August 1, 1996

Gerald Paxton  
U.S. Recovery Company, Inc. C110581  
1523 E Sherman #A  
Nampa ID 83686

RE: U.S. Recovery Company, Inc. C110581

Greetings:

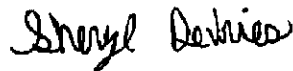
Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

1) Block 4 must show complete names and addresses of all officers. A notation that there are "no changes" or "same as last year" is not acceptable.

2) Block 5 on your annual report must be completed to show the nature of business 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>C110581</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		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>	1. Mailing Address - Please Correct, If Not Correct  U.S. RECOVERY COMPANY, INC. GERALD R PAXTON 1407 ARCADIA 1523E. SHERMAN HA NAMPA, ID 83686  BOISE ID 83725		GERALD R PAXTON 1407 ARCADIA  BOISE ID 83705  3. Organized Under the Laws of:  ID C110581																																					
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="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip																														
Office held	Name	Street or P.O. Address	City	State	Zip																																			
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 <u><i>Gerald R. Paxton</i></u> Date <u>7-31-96</u> Name (Typed or Printed) <u>GERALD R. Paxton</u> Title <u>Pres.</u>																																						

ISSUED: 07-06-1996

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