

July 21, 1997

Wayne D Ellenbecker OD
ELLENBECKER EYE CLINIC, P.L. W3206
1250 Ironwood Dr. Ste. 201
Coeur d'Alene ID 83814

RE: ELLENBECKER EYE CLINIC, P.L. W3206

Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The annual report must be signed by an authorized individual designated by the management of the limited liability company. Please make the corrections and resubmit the annual report to this office before December 1, 1997 to avoid cancellation.

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. W 3206	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX WAYNE D ELLENBECKER, O.D. 1250 IRONWOOD DR STE COEUR D'ALEN ID 83814
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct ELLENBECKER EYE CLINIC, P.L. WAYNE D ELLENBECKER, O.D. 1250 IRONWOOD DR STE 201 COEUR D'ALENE ID 83814		3. Organized Under the Laws of: ID W 3206
* FIRST NOTICE *			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<i>Managing Member</i>	<i>Wayne D. Ellenbecker, O.D.</i>	<i>1250 Ironwood Dr, Ste 201</i>	<i>Coeur d'Alene ID 83814</i>
<i>Managing Member</i>	<i>Cindy L. Ellenbecker, O.D.</i>	<i>1250 Ironwood Dr, Ste 201</i>	<i>Coeur d'Alene ID 83814</i>
5. SIGNATURE OF CURRENT RA		6. Signature _____ Date _____	