

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

Sheryl DeVries
Corporate Division

Enclosures: cited

No. W 3206

Annual Report Form 1997
Due No Later Than November 30.

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

ELLENBECKER EYE CLINIC, P.L.
WAYNE D ELLENBECKER, O.D.
1250 IRONWOOD DR STE 201WAYNE D ELLENBECKER, O.D.
1250 IRONWOOD DR STE

COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

ID W 3206

4. Corporations: Enter Names and Business 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

Managing Member
Managing MemberWayne D Ellenbecker, O.D
Cindy L Ellenbecker, O.D1250 Ironwood Dr, Ste 201 Coeur d'Alene ID 83814
1250 Ironwood Dr, Ste 201 Coeur d'Alene ID 83814

5. SIGNATURE OF CURRENT RA

6.

Signature _____

Date _____

(Type or Print)