

November 6, 1996

DONALD HAMANN
HIGH MOUNTAIN ENTERPRISES C 110025
PO BOX 1250
SANDPOINT ID 83864

RE: HIGH MOUNTAIN ENTERPRISES C 110025

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.

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

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|--|---|---|---|--------------|------------|
| No. C110025 | Annual Report Form 1996 <i>Due No Later Than November 30,</i> | | 2. Registered Agent and Office NOT A P.O. BOX DONALD M HAMANN 2695 GYPSY BAY RD SAGLE ID 83860 | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE ** | 1. Mailing Address - Please Correct, If Not Correct HIGH MOUNTAIN ENTERPRISES, I DONALD M HAMANN PO BOX 1250 SANDPOINT ID 83364 | | 3. Organized Under the Laws of: ID C110025 | | |
| 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input 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> |
| President /Director | Mark D. Hardesty | 1010 Talache Rd., | Sagle | ID | 83860 |
| Secretary/Director | Stephanie A. Hamann | 864 Muskrat Lake Rd. | Sagle | ID | 83860 |
| Director | Donald M. Hamann | 864 Muskrat Lake Rd. | Sagle | ID | 83860 |
| Director | Denise E. Hardesty | 1010 Talache Rd. | Sagle | ID | 83860 |
| Director | Gino Camelia | 720 N. 3rd., #11 | Sandpoint | ID | 83864 |
| 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 <u>10/30/96</u> Name <small>(Typed or Printed)</small> <u>Stephanie A. Hamann</u> Title <u>Secretary-Treasurer</u> | | | |

ISSUED: 10-05-1996

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