July 18, 1998

John Dawson
Patient and Family Support Inc. C56562
5440 Franklin Rd Ste 108
Boise ID 83705

RE: Patient and Family Support Inc. C56562

Greetings:

Please find enclosed your recently submitted annual report for the 1998-1999 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you may either file the enclosed form or comply with the requirements of Section 30-1-1403, Idaho Code. Articles of Dissolution must be filed in duplicate with this office along with the required statutory fee of \$30.00, or file a current annual report.

If instead you wish to just allow the corporation to be subject tot administrative, then please disregard any subsequent annual report forms which you may receive.

If You have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Corporate Division

Enclosures: cited

	10.540		·				
No. C 56562		Annual Report Form 1995 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		1. Mailing Address - Please Correct, If Not Correct PATIENT AND FAMILY SUPPORT I JOHN J. DAWSON 5440 FRANKLIN RD STE 108			5440 F9A		
					BOISE	15	83795
					3. Organized Under the Laws of:		
* FIRST NOTIC	E *	B015£	ID 83705		19	<u> </u>	0 7 0 1
 Corporations: Enter Nar Limited Liability Compa 	nes and Busi nies: Enter N	ness Addresses of Presi ames and Addresses of	dent, Secretary and Direct Managers or M	ctors lembers (ch	neck one)		
Office held Name		Street or P.O. Address			City	<u>State</u>	<u>Zip</u>
			V (t 34	4.500	<i>J</i>	
5. Signature of New Re	gistered Ag	ent 6.					<u></u>
		Signature			Date _		
Name (Typed or Printed)					Title _		
ISSUED: OF	-03-199	8				22190	
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