

July 22, 1996

Linda Yates
Income Property Management C62225
PO Box 1510
Hailey ID 83333

RE: Income Property Management C62225

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.

We noted that the **registered agent** had been crossed off in block 2 and the correction is missing. Pursuant to section 30-1-12, Idaho Code, each Idaho corporation must have and continuously maintain a registered agent in this state. Please make the correction and resubmit the form to this office before December 3, 1996 to avoid forfeiture.

We noted the **address** of the registered agent had been crossed off in block 2 and the correction is missing. Pursuant to section 30-1-12, Idaho Code, each Idaho corporation must have and continuously maintain a registered agent in this state. Please make the correction and resubmit the form to this office before December 3, 1996 to avoid forfeiture.

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. C 62225	Annual Report Form 1996 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 INCOME PROPERTY MANAGEMENT, ELLEN STEVENSON MATTESON P.O. BOX 1510 Linda S. Yates HAILEY ID 83333		ELLEN STEVENSON MATTESON 504 3RD AVENUE SOUTH no longer HAILEY ID 83333 3. Organized Under the Laws of: ID C 62225													
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) <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>Owner/operator</td> <td>Linda S. Yates</td> <td>PO Box 1510 (206 E. Croy)</td> <td>Hailey</td> <td>ID</td> <td>83333</td> </tr> </tbody> </table> <p>I purchased business from Ellen S. Matteson Nov. 1, 1995. I have no employees.</p>					Office held	Name	Street or P.O. Address	City	State	Zip	Owner/operator	Linda S. Yates	PO Box 1510 (206 E. Croy)	Hailey	ID	83333
Office held	Name	Street or P.O. Address	City	State	Zip											
Owner/operator	Linda S. Yates	PO Box 1510 (206 E. Croy)	Hailey	ID	83333											
5. NATURE OF BUSINESS PROPERTY MANAGEMENT		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>Linda S. Yates</u> Date <u>7-18-96</u> Name (Typed or Printed) <u>LINDA S. YATES</u> Title <u>Owner/operator</u>														

ISSUED: 07-06-1996

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