

October 25, 1994

MOUNTAIN RIVER SNO-RIDERS, INC.  
TOM WILSON  
PO BOX 50903  
IDAHO FALLS ID 83405

RE: MOUNTAIN RIVER SNO-RIDERS, INC. File Number C 91408

Dear Mr. Wilson:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation.

The annual report must be signed by an officer of the corporation. We will accept an annual report signed by the president, vice-president, secretary, treasurer, assistant secretary, comptroller, or a director. A report signed by the registered agent, attorney, manager, or bookkeeper will not be accepted.

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

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

## INSTRUCTIONS ON REVERSE SIDE

50-13847-1:4400-100-1-401

No. 91408

## Return To

Secretary of State  
Room 203, Statehouse  
Boise, ID 83720

\*\* FINAL NOTICE \*\*  
NO FEE REQUIRED

## Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

## 1. Mailing Address - Please Correct, If Not Correct

MOUNTAIN RIVER SNO-RIDERS, INC.

TOM WILSON

30X 50903

IDAHO FALLS

ID 83405

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

TOM WILSON  
4297 E. 97TH N.

IDAHO FALLS ID 83401

## 3. Incorporated Under The Laws

of ID

NO. 91408

## 4. Names and Addresses of Officers and Directors

**MUST BE PRINTED OR TYPED**NameStreet or P.O. AddressCityStateZip

President:

Secretary:

Directors:

## 5. Nature of Business

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

\_\_\_\_\_  
Name  
(Type or  
Printed)

Date

\_\_\_\_\_  
Title