

PETE T. CENARRUSA
SECRETARY OF STATE

BEN YSURSA
CHIEF DEPUTY
SECRETARY OF STATE

Statehouse, Room 203
PO Box 83720
Boise, Idaho 83720-0080
Telephone 208 334-2300
Facsimile 208 334-2282



STATE OF IDAHO
SECRETARY OF STATE

Corporations Division
208 334-2301
Uniform Commercial Code Division
208 334-3191
Facsimile 334-2847
Trademarks/Notaries Division
208 334-2300
Elections Division
208 334-2852
Legislative and Executive Affairs
208 334-2300
Fiscal Division
208 334-5355
Computer Services
208 334-5354

July 13, 1994

E. L. Sullivan
Box 4920
Ketchum ID 83340

RE: E. L. SULLIVAN FOUNDATION, INC.

Dear Mr. Sullivan:

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.

- 1) Block 5 on your annual report must be completed to show the nature of business of the corporation.
- 2) The annual report must be signed by an officer of 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,

A handwritten signature in cursive script that reads "Debbie Farnsworth".

Debbie Farnsworth
Corporate Division

Enclosures: cited

No. 96738	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office NOT A FOREIGN WILLIAM E SULLIVAN III 1423 TYRELL LN BOISE ID 83706																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — E. L. SULLIVAN FOUNDATION, INC. E L SULLIVAN PO BOX 4920 KETCHUM ID 83340		3. Incorporated Under The Laws of ID NO: 96738																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>E. L. Sullivan</td> <td>P.O. Box 4920</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> <tr> <td>Secretary:</td> <td>Suzanne C. Sullivan</td> <td></td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Lindy Lynn Maher</td> <td>5802 Randolph Dr.</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	E. L. Sullivan	P.O. Box 4920	Ketchum	ID	83340	Secretary:	Suzanne C. Sullivan		"	"	"	Directors:	Lindy Lynn Maher	5802 Randolph Dr.	Boise	ID	83709
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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 <small>(Typed or Printed)</small>		Date _____ Title _____																								