

July 23, 1996

Ronald F. Mictak  
ACT Associates, Inc. C95367  
570 Shoup Ave. W.  
Twin Falls ID 83301

RE: ACT Associates, Inc. C95367

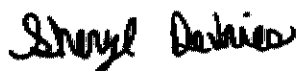
Greetings:

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

No. <b>C 95307</b>	<b>Annual Report Form</b> <span style="float: right;">1996</span> Due No Later Than November 30,	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>RONALD F. MICIAK</b> <b>496-D SHOUP AVE. W.</b>  <b>TWIN FALLS ID 83301</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address Please Correct If Not Correct:  <b>ACT ASSOCIATES, INC.</b> <b>RONALD F. MICIAK</b> <b>570 SHOUP AVE. W.</b>  <b>TWIN FALLS ID 83301</b>																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		3. Organized Under the Laws of:  <b>ID C 95367</b>																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>RONALD F. MICIAK</td> <td><del>496-D</del> 570 SHOUP AVE. W.</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>DEBORAH R. MICIAK</td> <td>632 CONCORDIA CIR</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	RONALD F. MICIAK	<del>496-D</del> 570 SHOUP AVE. W.	TWIN FALLS	ID	83301	SECRETARY	DEBORAH R. MICIAK	632 CONCORDIA CIR	TWIN FALLS	ID	83301
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5. NATURE OF BUSINESS  <b>ASSESSMENT COUNCILING TREATMENT</b>	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 _____ Name (Printed) _____ Title _____																			

ISSUED: 07-06-1995

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