PETE T. CENARRUSA SECRETARY OF STATE

BEN YSURSA CHIEF DEPUTY SECRETARY OF STATE

700 West Jefferson 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 27, 1994

Valley Engine Service Inc. Denis A. Kidd Box 42 Twin Falls, Idaho 83303

RE: Valley Engine Service Inc. File # C 97679

Dear Mr. Kidd:

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.

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

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

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No. 97579 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE *		Due No Later Than November 1,1994			DENI	2. Registered Agent and Office NOTE A RESEARCH 319 2ND ST WEST		
		1. Mailing Address — VALLEY ENGINE DENIS A KIDD BOX 42	SERVICE, INC.		TWIN 3. Incor	TWIN FALLS ID 83301 3. Incorporated Under The Laws of 10		
NO FEE	REQUIRED	TWIN FALLS	ID	83303 0042	NO:	97679		
4. Names and Addresses of Officers and Directors				hamidministenassistatellin			viki biri k	Maria da Maria Maria da Maria
		<u>Name</u>	Street o	r P.O. Address		City	<u>State</u>	<u>Zip</u>
President: Secretary: Directors:	Denis Nada	Kidd Kidd	319 319	2nd St 2nd St	West West	Twinfall Twinfal	is ID	83301 83301
						v ••		
5. Nature of Bu	usiness	6. I certify that	this Annual	Report has been e.	xamined by n	ne and is to the be	est of my kr	nowledge
		true, correct Signature Name (Typed or Printed)			20	Date 7/	26/9	
		rearrie Printed)	DENI	5 KIAC	6	TITLE CL	wner_	