July 22, 1994

AUGUST COMPANY PO BOX 1693 BOISE ID 83701

RE: AUGUST COMPANY File Number C 48241

Dear Sir::

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 copy of last year's information 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

| No. 48241  Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 | Due No Leter Than November 1, 1994   |                        |           | 2. Registered Agent and Office PAUL B LARSEN 4848 HILLCREST DR |       |       |
|---|--|------------------------|-----------|--|-------|-------|
|   | AUGUST COMPANY   |                        | BOISE     |  | 10    | 83705 |
| Boles, ID 83720-0080 * FIRST NOTICE *                                       | P 0 30X 1693   |                        | 3. Income | orated Under The   | Laws  |       |
| NO FEE REQUIRED   | BOISE  | 10 83701               | NO:       | 48241  |       |       |
| Names and Addresses of Office   | rs and Directors   |                        |           |  |       |       |
|   | Name   | Street or P.O. Address | :         | City   | State | Zio   |
| resident:   |  |                        | 1         |  |       |       |
| Secretary:  |  |                        |           |  |       |       |
| Directors:  |  |                        |           |  |       |       |
|   |  |                        |           |  |       |       |
|   |  |                        |           |  |       |       |
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|   |  |                        |           |  |       |       |
| . Nature of Business  | <ol> <li>I certify that this Annual Report has been examined by me and is to the best of my knowledge<br/>true, correct and complete.</li> </ol> |                        |           |  |       |       |
|   | Signature  |                        |           | Date   |       |       |
|   | Name (Typed or Printed)  |                        |           | Title  |       |       |