

July 23, 1996

Michele Hall  
Anic, L. L. C. W2256  
2370 Rulon Ave  
Pocatello ID 83201

RE: Anic, L. L. C. W2256

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.

Please be certain that the names and addresses of the managers or members 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.

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>W 2255</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</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>ANIC, L. L. C.</b> <del>MORRIS A. HALL</del> <i>Michele Hall</i> <b>2370 RULON AVE</b>  <b>POCATELLO ID 83201</b>		<del>MORRIS A. HALL</del> <i>Michele Hall</i> <b>2370 RULON AVE</b>  <b>POCATELLO ID 83201</b>
* FIRST NOTICE *		<b>POCATELLO ID 83201</b>	<b>ID W 2255</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"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
5. SIGNATURE OF CURRENT RA <i>Michele B. Hall</i> ANY LAWFUL		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 <u><i>M. Hall</i></u> Date <u><b>7/18/96</b></u> Name (Typed or Printed) <u><b>Morris A. Hall</b></u> Title <u><b>Scientist</b></u>	

ISSUED: 07-08-1996

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