

July 29, 1996

Terry Wynia
Sandpoint Inn-Vestments, L.L.C. W434
323 Cedar St
Sandpoint ID 83864

RE: Sandpoint Inn-Vestments, L.L.C. W434

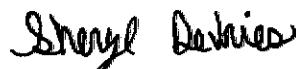
Greetings:

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. W 434	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SANDPOINT INN-VESTMENTS, L.L.C. TERRY A WYNIA 323 CEDAR ST SANDPOINT ID 83864		EDWARD F WROE 250 NORTHWEST BLVD SUITE COEUR D'ALEN ID 83814 3. Organized Under the Laws of: ID W 434													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr><td colspan="6" style="height: 150px;"></td></tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<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		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></u> Date <u>7-16-96</u> Name (Typed or Printed) <u>Bonnie Sargent</u> Title <u>G.M.</u>														

ISSUED: 37-88-1995

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