July 19, 1995

CAROUSEL OFFICE SUPPLY, INC. THOMAS CARTER 2026 BELMONT IDAHO FALLS ID 83401

RE: CAROUSEL OFFICE SUPPLY, INC. File Number C 56128

Dear Mr. Carter:

Please find enclosed your recently submitted annual report for the 1995-1996 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution in duplicate with this office along with the required statutory fee of \$30.00. The Articles of Dissolution should be filed before December 1, 1995 or an annual report filed by December 1, 1995 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive and the corporation will be automatically forfeited on December 1, 1995.

If you have any questions or need further assistance, please do not hesitate to contact me at (208) 332-2816.

Very truly yours,

Tonya Herold Corporate Division

Enclosures: cited

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|---|--|------------------------|---|-------------------|--|
| No. 56128   | Idaho Corporation Annual Report Form  Due No Leter Than November 205  CAROUSEL OFFICE SUPPLY, INC. THOMAS B. CARTER 2026 BELMONT                 |                        | 2. Registered Agent and Office NOT A P.O. BOX THOMAS B. CARTER 2026 BELMONT  IDAHO FALLS ID 83401  3. Incorporated Under The Laws of ID |                   |  |
| Return To  Secretary of State 700 W Jefferson P.O. Box 83720 Boise, IO, 83720-0080 * FIRST NOTICE * |  |                        |   |                   |  |
| NO FEE REQUIRED   | IDAHO FALLS  | ID 83401               | NO: 56128   |                   |  |
| 4. Names and Addresses of O   | fficers and Directors  | Street or P.O. Address | City  | State Postal Code |  |
|   |  | s Wisc                 |   |                   |  |
| 5. Nature of Business   | <ol> <li>I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and<br/>complete.</li> </ol> |                        |   |                   |  |
|   | Signature  |                        |   | Deta              |  |
|   | Name (Typed or Prints) Title   |                        |   |                   |  |