

November 3, 1994

IDAHO RAPTOR REHABILITATION CENTER
BETTY DUGGAN
9360 S LINDER RD
MERIDIAN ID 83642

RE: IDAHO RAPTOR REHABILITATION CENTER File Number C 67195

Dear Ms. Duggan:

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.

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

INSTRUCTIONS ON REVERSE SIDE

1330000: 107017777

No. 67195	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office NOT A P.O. BOX BETTY L. DUGGAN 9360 S LINDER RD
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — <i>Please Correct, If Not Correct</i> IDAHO RAPTOR REHABILITATION CEN BETTY L. DUGGAN 9360 S LINDER RD MERIDIAN ID 83642	MERIDIAN ID 83642 3. Incorporated Under The Laws of ID NO: 67195

4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED								
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>				
President:	Betty L. Duggan	9360 S. Linder Rd.	Meridian,	Idaho 83642				
Secretary:	Nancy Schaeffly	2004 Sunrise Rim	Boise,	Idaho 83705				
Directors:	Linda Jarvis	P.O. Box 10552 SH 55	Cascade,	Idaho 83611				
	Dan Jarvis	P.O. Box 10552 SH 55	Cascade,	Idaho 83611				
5. Nature of Business Rehabilitation of Birds of Prey & protected Wildlife-Migratory Act		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Name (Typed or Printed) _____</td> <td>Title _____</td> </tr> </table>			Signature _____	Date _____	Name (Typed or Printed) _____	Title _____
Signature _____	Date _____							
Name (Typed or Printed) _____	Title _____							