

No. C102272	Annual Report Form <i>Due No Later Than November 30,</i> 1996	2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> CALVIN R HOWELL 12415 GRAND AVE OROFINO ID 83544 </div>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> HOWELL, INCORPORATED CALVIN R HOWELL 11220 HIGHWAY 12 OROFINO ID 83544 </div>	3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID C102272 </div>
* FIRST NOTICE *		
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	CALVIN R HOWELL	12415 GRAND AVE
SECRETARY	SHAMON K. HOWELL	12415 GRAND AVE
OROFINO	ID	83544
5. NATURE OF BUSINESS MANUFACTURES REP		
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	Date	Title
CALVIN R. HOWELL	7/16/96	PRESIDENT
Name (Typed or Printed)	CALVIN R. HOWELL	

ISSUED: 07-06-1996

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