

ISSUED: 04-30-1995

No. 45312

Idaho Corporation Annual Report Form

2. Registered Agent and Office NOT A P.O. BOX

Return To

Due No Later Than November 30, 1995

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

1. Mailing Address -- Please Correct If Not Correct

OWEN DISTRIBUTORS, INC.
SHARON WARD
BOX 2445

SHARON T. WARD
295 S. EASTERN AVE.

IDAHO FALLS ID 83402

3. Incorporated Under The Laws of

** FINAL NOTICE **
NO FEE REQUIRED

IDAHO FALLS ID 83402

ID
NO: 45312

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	MIKE WARD	PO BOX 2445	Idaho Falls	ID	83402
Secretary:	LORRAIE FELT	" " "	" "	" "	" "
Directors:					
	SHARON T. WARD	" " "	" "	" "	" "
	MIKE WARD	" " "	" "	" "	" "

5. Nature of Business

FURNITURE / CARPETS
SALES

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

Name (Typed or Printed)

Michael L. Ward

Date

Title

24 Oct 95

PRES.