

No. C 91916	Annual Report Form 1996 Due No Later Than November 30,		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct CENTENNIAL ENTERPRISES, INC. STEVEN BRENT OWENS HC 66 BOX 12M ISLAND PARK ID 83429		STEVEN BRENT OWENS HC 66 BOX 12M ISLAND PARK ID 83429 3. Organized Under the Laws of: ID C 91916													
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"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>pres</td> <td>STEVEN B. OWENS</td> <td>P.O. BOX 99</td> <td>MACLENN</td> <td>ID</td> <td>83429</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	pres	STEVEN B. OWENS	P.O. BOX 99	MACLENN	ID	83429
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
pres	STEVEN B. OWENS	P.O. BOX 99	MACLENN	ID	83429											
5. NATURE OF BUSINESS ESCAVATION	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>Steven B. Owens</u> Date <u>11/20/96</u> Name (Typed or Printed) <u>STEVEN B OWENS</u> Title <u>pres</u>															
ISSUED: 10-05-1996 3074																