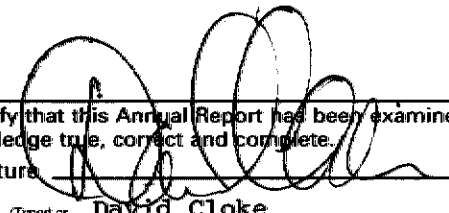


No. C 33693	Annual Report Form <i>Due No Later Than November 30,</i> 1996	2. Registered Agent and Office NOT A P.O. BOX DAVID CLOKE 321 17TH ST. 1511 Prospect Avenue LEWISTON ID 83501
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct CLOKE HOME IMPROVEMENT CENTE DAVID CLOKE 1715 IDAHO STREET P.O. Box 1188 LEWISTON ID 83501	3. Organized Under the Laws of: ID C 33693
* 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>President</u>	David Cloke	1511 Prospect Ave.
<u>Sec./Treas.</u>	Patricia Cloke	1511 Prospect Ave.
		City - State Zip
		Lewiston ID 83501
		Lewiston ID 83501
		
5. NATURE OF BUSINESS RETAIL	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 7-16-96 Name (Typed or Printed) David Cloke Title President	

ISSUED: 07-06-1996

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