

INSTRUCTIONS ON REVERSE SIDE

No. 55342	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED		H.O. BOWEN 2055 OSTERLOH TWIN FALLS ID 83301 190
1. Mailing Address — Please Correct H. O. BOWEN COMPANY, INC. H.O. BOWEN P.O. BOX 292 TWIN FALLS ID 83303	3. Incorporated Under The Laws of ID NO: 055342	

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	H. O. Bowen	268 Heyburn Ave W	Twin Falls	Id	83301
Secretary:	H. Elaine Bowen	268 Heyburn Ave w	Twin Falls	Id	83301
Directors:					

5. Nature of Business

General Contracting

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)

H. O. Bowen

Date 7/6/90

Title President