INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1994

No. 45312

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

** FINAL NOTICE **
NO FEE REQUIRED

1. Mailing Address — *Please Correct, If Not Correct*

OWEN DISTRIBUTORS, INC.
SHARON WARD
BOX 2445

IDAHO FALLS ID 83402

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

SHARON T. WARD
295 S. EASTERN AVE.

IDAHO FALLS ID 83402

3. Incorporated Under The Laws of ID
NO: 45312

4. Names and Addresses of Officers and Directors — MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	SHARON T. WARD	372 WEST 16th ST.	IDAHO FALLS,	ID	83401
Secretary:					
Directors:	BRAD L. THOMPSON	275 SOUTH EASTERN AVE.	IDAHO FALLS	ID	83402
	MICHAEL L. WARD	367 WEST 15th ST.	IDAHO FALLS	ID	83401

5. Nature of Business

FLOOR COVERING

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 Michael L. Ward Date 6 Oct. 94

Name (Typed or Printed) MICHAEL L. WARD Title VICE PRES.