




54430

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992 1. Mailing Address: <i>Please Correct If Not Correct</i> STITES SHAKE INCORPORATED VERNON OWENS BOX 629 OROFINO ID 83544 0000	2. Registered Agent and Office NOT A P.O. BOX VERNON OWENS BOX 37 STITES ID 83552 3. Incorporated Under The Laws of NO: 54430																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 25%; text-align: center;"><u>Name</u></th> <th style="width: 25%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>VERNON OWENS</td> <td>BOX 51</td> <td>STITES</td> <td>ID</td> <td>83552</td> </tr> <tr> <td>Secretary:</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	VERNON OWENS	BOX 51	STITES	ID	83552	Secretary:	"	"	"	"	"	Directors:	"	"	"	"	"
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Secretary:	"	"	"	"	"																					
Directors:	"	"	"	"	"																					
5. Nature of Business CEDAR MILL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> VERNON OWENS </td> <td style="width: 40%;"> Date 10-2-92 Title PRESIDENT </td> </tr> </table>		Signature  Name <small>(Typed or Printed)</small> VERNON OWENS	Date 10-2-92 Title PRESIDENT																						
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