

No. <b>C111437</b>	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  CARLEEN'S FABRICS AND CRAFTS CARLEEN B CLAYVILLE PO BOX 433  BURLEY ID 83315		CARLEEN B CLAYVILLE 342 EAST 5 NORTH SPACE 9 SNAKE RIVER PLAZA BURLEY ID 83318  3. Organized Under the Laws of:  ID C111487																		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES, TREASURE</td> <td>CARLEEN B. CLAYVILLE</td> <td>PO Box 433</td> <td>BURLEY</td> <td>ID</td> <td>83315</td> </tr> <tr> <td>SECY</td> <td>SANDRA R CLAYVILLE</td> <td>PO Box 433</td> <td>BURLEY</td> <td>ID</td> <td>83315</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES, TREASURE	CARLEEN B. CLAYVILLE	PO Box 433	BURLEY	ID	83315	SECY	SANDRA R CLAYVILLE	PO Box 433	BURLEY	ID	83315
Office held	Name	Street or P.O. Address	City	State	Zip																
PRES, TREASURE	CARLEEN B. CLAYVILLE	PO Box 433	BURLEY	ID	83315																
SECY	SANDRA R CLAYVILLE	PO Box 433	BURLEY	ID	83315																
5. NATURE OF BUSINESS <b>RETAIL - FABRIC STORE</b> ANY LAWFUL	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><i>Carleen B. Clayville</i></u> Date <u>8-14-96</u> Name (Typed or Printed) <u>CARLEEN B. CLAYVILLE</u> Title <u>PRES.</u>																				

ISSUED: 07-06-1995

4518