

No. <b>C 86932</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		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>	1 Mailing Address Please Correct, If Not Correct  <b>TAPLEY CABINET WORKS, INC.</b> <b>MELVIN J. ANDERSON</b> <b>935 LACROSSE AVENUE</b>		<b>MELVIN J. ANDERSON</b> <b>935 LACROSSE AVENUE</b>  <b>COEUR D'ALEN ID 83814</b>		
<b>* FIRST NOTICE *</b>	<b>COEUR D'ALENE ID 83814</b>		<b>ID C 86932</b>		
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)					
<b>Office held</b>	<b>Name</b>	<b>Street or P.O. Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
President	Melvin J Anderson	509 Vista Drive	CDA	ID	83814
Vice-President	Norman J Anderson	3627 Hillcrest Circle	CDA	ID	83814
Secretary	Norene L Anderson	509 Vista Drive	CDA	ID	83814
Treasurer	Suzanne A Anderson	5627 Hillcrest Circle	CDA	ID	83814
5. <b>NATURE OF BUSINESS</b>  <b>MANUFACTURING CABINETS</b>		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>Norene L Anderson</u> Date <u>7-16-96</u>  Name (Typed or Printed) <u>Norene L Anderson</u> Title <u>Secretary</u>			

ISSUED: 07-06-1996

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