95020

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

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 *Please Correct If Not Correct*

OWEN RECLAMATION, INC.
TOM OWEN
PO BOX Z

TWIN FALLS ID 83303 0000

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

M GARY ATKINSON
516 SECOND ST EAST

TWIN FALLS ID 83303

3. Incorporated Under The Laws of ID

NO: 95020

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	TOM OWEN	P.O. BOX 2	Twin Falls	Id	83303
Secretary:	GARY ATKINSON	P.O BOX 1846	Twin Falls	Id	83303
Directors:	TOM OWEN				
	GARY ATKINSON				

5. Nature of Business

RECLAMATION

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 M. Gary Atkinson Date 7-10-92

Name (Typed or Printed) M. GARY ATKINSON Title Secretary