

No. C 45312	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		SHARON T. WARD 295 S. EASTERN AVE. IDAHO FALLS ID 83402	
	OWEN DISTRIBUTORS, INC. SHARON WARD BOX 2445 IDAHO FALLS ID 83402			
* FIRST NOTICE *		ID 83402 ID C 45312		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u> President Sec/Treas	<u>Name</u> Michael L. Ward Sharon Ward	<u>Street or P.O. Address</u> 1372 Three Fountain Dr 372 W. 12th	<u>City</u> Idaho Falls Idaho Falls	<u>State</u> <u>Zip</u> ID 83404 ID 83402
5. NATURE OF BUSINESS FURNITURE/CARPET SALES		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>Sharon Ward</u> Date <u>11-25-96</u> Name (Typed or Printed) _____ Title <u>Bookkeeper</u>		

ISSUED: 07-06-1996

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