

No. C 45312

Annual Report Form
Due No Later Than November 30, 1995

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

OWEN DISTRIBUTORS, INC.
SHARON WARD
BOX 2445

SHARON T. WARD
295 S. EASTERN AVE.

IDAHO FALLS ID 83402

* FIRST NOTICE *

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President	Michael L. Ward	1372 Three Fountain Dr	Idaho Falls	ID	83404
Sec/Treas	Sharon Ward	372 W. 12th	Idaho Falls	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

Name (Typed or
Printed)

Date

11-25-96

Title

Bookkeeper

ISSUED: 07-06-1996

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