

No. <b>C 43085</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>  <b>CAPOLYN SUMMERTON</b> <b>316 DAVIS AVE</b>  <b>VAMPA</b> ID <b>83651</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  <b>SHIELDS &amp; CO., INC.</b> <b>DOLORES A. SHIELDS</b> <b>219 WEST SPRUCE</b>  <b>CALDWELL</b> ID <b>83605</b>	3. Organized Under the Laws of:  ID <b>C 43085</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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>President</i>	<i>DOLORES A. SHIELDS</i>	<i>219 West SPRUCE St.</i>	<i>CALDWELL</i>	<i>ID</i>	<i>83605</i>
<i>Secretary</i>	<i>LORI A. BOWERS</i>	<i>6136 NEWPORT Ct.</i>	<i>OLYMPIA</i>	<i>WA</i>	<i>98512</i>
<i>Director</i>	<i>MICHAEL D. SHIELDS</i>	<i>4249 SPALDING</i>	<i>ANTIOCH</i>	<i>CA</i>	<i>94509</i>
5. NATURE OF BUSINESS <b>REAL ESTATE</b> <del>ANY LAWFUL</del>		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>Dolores A. Shields</i></u> Date <u><i>Sept 10, 1996</i></u> Name (Typed or Printed) <u><i>DOLORES A. SHIELDS</i></u> Title <u><i>President</i></u>			

ISSUED: 07-06-1996

11396