

No. C114213	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SHADOW MOUNTAIN FRAMING, INC ANGELA R CLIFFORD-BURR 427 AVALON		ANGELA R CLIFFORD-BURR 427 AVALON KUNA ID 83634
	KUNA ID 83634		3. Organized Under the Laws of: ID C114218

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
Vice. Pres.	Bruce Burr	427 AVALON	KUNA	ID	83634

5. NATURE OF BUSINESS FRAMING & SIDING HOUSES	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>Angela R Clifford - Burr</u> Date <u>7-30-96</u> Name (Typed or Printed) <u>Angela R Clifford - Burr</u> Title <u>Pres.</u>
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ISSUED: 07-06-1996

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