INSTRUCTIONS ON REVERSE SIDE		
No.	Due No Later Than November 1, 1. Mailing Address — Please Correct 1. Mailing Addres	2. Registered Agent and Office
Return To		ARLINE S. THOMAS 149 W BIRCH CREEK RD
Porfeited 12/1/95 CAHO		3. Incorporated Under The Laws
PEINSTRIBUTAN FEE:	RIRIE ID 83443	ID 90681
4. Names and Addresses of Officers and Directors		
P <u>resident:</u> Secretary: Directors:	Name Street or P.O. Address P.O. Box 525	City State Zip Roue DD 83443

5. Nature of Business Successful	6. I certify that this Annual Report has been extrue, colvect and complete. Signature Name (Pipped of ARLINE S. Lindings.)	Date 1-22-96