

No. C 96399

Annual Report Form

Due No Later Than November 30, 1996

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

MR. CABINET MANUFACTURING, I
 LORIAN ARNOLD GEFFRE
 4195 HIGHWAY 95 SOUTH

LORIAN ARNOLD GEFFRE
 4195 HIGHWAY 95 SOUTH

MOSCOW ID 83843

3. Organized Under the Laws of:

* FIRST NOTICE *

MOSCOW ID 83843

ID C 96399

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	LORIAN A. GEFFRE	4195 Hwy 95 So #2	MOSCOW	IDAHO	83843
SECRETARY	MARIA A. GEFFRE	4195 Hwy 95 So #2	MOSCOW	IDAHO	83843
DIRECTOR	DONALD E. REIFF	SW 120 SKYLINE DRIVE	PULLMAN	WASH.	99163
DIRECTOR	RONALD V. WILSON	WEST 235 MAIN ST.	PULLMAN	WASH	99163
DIRECTOR	KATHRYN D. SOKOLOSKI	557 Na. ADAMS #5	MOSCOW	IDAHO	83843

5. NATURE OF BUSINESS

MILL WORK AND CABINETS

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 Kathryn D. Sokolowski Date 8/20/96Name (Typed or Printed) Kathryn D. Sokolowski Title OFFICE SYSTEMS MANAGER

ISSUED: 07-06-1996

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