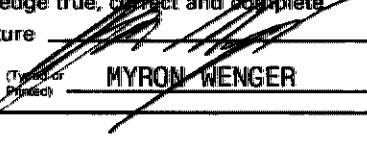


No. C103279	Annual Report Form <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		LEONARD SCHULTE 933 S MAIN BONNERS FERRY ID 83805																			
	CEDAR MOUNTAIN SHIMS, INC. MYRON D WENGER HCR 61 BOX 90																					
* FIRST NOTICE *		BONNERS FERRY ID 83805		ID C103279																		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>MYRON WENGER</td> <td>HCR 61 BOX 90</td> <td>BONNERS FERRY, ID</td> <td></td> <td>83805</td> </tr> <tr> <td>SECRETARY</td> <td>KARLA WENGER</td> <td>HCR 61 BOX 90</td> <td>BONNERS FERRY, ID</td> <td></td> <td>83805</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MYRON WENGER	HCR 61 BOX 90	BONNERS FERRY, ID		83805	SECRETARY	KARLA WENGER	HCR 61 BOX 90	BONNERS FERRY, ID		83805
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5. NATURE OF BUSINESS 400D PRODUCTS		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  Date 10-25-96 Name <small>(Typed or Printed)</small> MYRON WENGER Title PRESIDENT																				

ISSUED: 07-06-1996

24181