November 3, 1994

OWEN RECLAMATION, INC.
TOM OWEN
198 CLINTON DR
TWIN FALLS ID 83301

RE: OWEN RECLAMATION, INC. File Number C 95020

Dear Mr. Owen:

Please find enclosed your recently submitted annual report for the 1994-1995
fiscal year. We are unable to accept it in its present form. Please make the
following correction(s) and return to this office.

You have stated that your corporation has gone out of business or is not
transacting business in Idaho. The records of this office, however, do not
indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the
requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution
in duplicate with this office along with the required statutory fee of
$30.00. The Articles of Dissolution should be filed before December 1, 1994
or an annual report filed by December 1, 1994 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do
business in Idaho, then please disregard any subsequent annual report forms
which you may receive and the corporation will be automatically forfeited on
December 1, 1994.

If you have any questions or need further assistance, please do not hesitate
to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

No. 95320	**Idaho Corporation Annual Report Form**	2. Registered Agent and Office: NOT A P.O. BOX
Return To	*Due No Later Than November 1,* 1994	M GARY ATKINSON
Secretary of State	1. Mailing Address — *Please Correct, If Not Correct*	516 SECOND ST EAST
Room 203, Statehouse	OWEN RECLAMATION, INC.	TWIN FALLS ID 83303
Boise, ID 83720	TOM OWEN	
	20 33X 2 198 Clinton Dr	3. Incorporated Under The Laws
** FINAL NOTICE **		of ID
NO FEE REQUIRED	TWIN FALLS ID 83301	NO: 95320

4. Names and Addresses of Officers and Directors   MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	Tom W. Owen	198 Clinton Dr. — Twin Falls, ID. 83301			
Secretary:	none				
Directors:	non				

Out of Business
as of. 4/20/94

5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	
Reclamation	Signature *Tom W. Owen* Date 10/30/94	
	Name (Typed or Printed) Tom W. Owen Title Pres.	