

No. C 54433	Annual Report Form 1996 <i>Due No Later Than November 30,</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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		VERNON OWENS BOX 37 NORTH RIVER ROAD STITES ID 83552																									
	STITES SHAKE INCORPORATED VERNON OWENS BOX 529 JROFINO ID 83544		3. Organized Under the Laws of: ID C 54430																									
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" data-bbox="16 356 1458 494"> <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>VERNON OWENS</td> <td>BOX 51</td> <td>STITES</td> <td>ID</td> <td>83552</td> </tr> <tr> <td>SECRETARY</td> <td>VERNON OWENS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>DIRECTORS:</td> <td>VERNON OWENS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	VERNON OWENS	BOX 51	STITES	ID	83552	SECRETARY	VERNON OWENS	"	"	"	"	DIRECTORS:	VERNON OWENS	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																							
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SECRETARY	VERNON OWENS	"	"	"	"																							
DIRECTORS:	VERNON OWENS	"	"	"	"																							
5. NATURE OF BUSINESS CEDAR MILL		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><i>Vernon Owens</i></u> Date <u>8-29-96</u> Name (Typed or Printed) <u>VERNON OWENS</u> Title <u>PRESIDENT</u>																										

ISSUED: 07-06-1996

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