

No. <b>C 97267</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>STEVEN D LENON</b> <b>2058 1/2 E STATE ST</b>  <b>EAGLE ID 83616</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>ACORN FLOORS &amp; INTERIORS, IN</b> <b>STEVEN D LENON</b> <b>371 RENE PL</b>	3. Organized Under the Laws of:  <b>ID C 97267</b>
* <b>FIRST NOTICE *</b> <b>EAGLE ID 83616</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<b>PRESIDENT</b>	<b>STEVE LENON</b>	<b>371 RENE PL.</b>
<b>SECRETARY</b>	<b>CAROL LENON</b>	<b>371 RENE PL.</b>
<b>EAGLE</b>	<b>ID.</b>	<b>83616</b>
<b>EAGLE</b>	<b>ID.</b>	<b>83616</b>
5. <b>NATURE OF BUSINESS</b>  <b>HARDWOOD FLOORS INSTALLATION &amp; REPAIR</b>		
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>STEVE LENON</u>		Date <u>7-15-96</u>
Name <small>(Typed or Printed)</small> <u>STEVE LENON</u>		Title <u>PRESIDENT</u>
ISSUED: 07-06-1996		
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