

05-102
(1-08/28)
Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations or Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirements

Taxpayer number
17426569988

Report year
2008

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
SILVERTON CUSTOM HOMES, INC.

Mailing address
107 RR 620 SOUTH #15-F

City
AUSTIN

State
TX

ZIP Code
78734

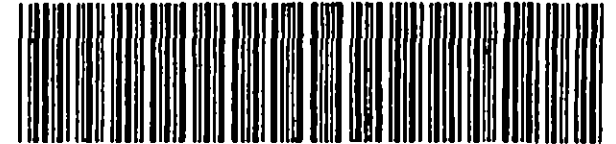
Plus 4

Secretary of State file number
or Comptroller file number

0125861300

Check box if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
107 RR 620 SOUTH #15-F, AUSTIN, TX 78734
Principal place of business
107 RR 620 SOUTH #15-F, AUSTIN, TX 78734



1742656998808

Please sign below! Officer, director, and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A. Name, title, and mailing address of each officer, director, or member.

Name	Title	Director	Term expiration	State	ZIP Code
JAMES A. CUMMINGS	PRESIDENT	<input checked="" type="checkbox"/> Yes	m m d d y y	TX	78734
MICHAEL J. GRIMM	VICE-PRESIDENT	<input type="checkbox"/> Yes	m m d d y y	TX	78734
		<input type="checkbox"/> Yes	m m d d y y		

SECTION B. Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
NONE			

SECTION C. Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity.

Name of owning (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage Ownership
NONE			

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: JAMES A. CUMMINGS

Office: 309 MALABAR

City: AUSTIN

State: TX

ZIP Code: 78734

Check box if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

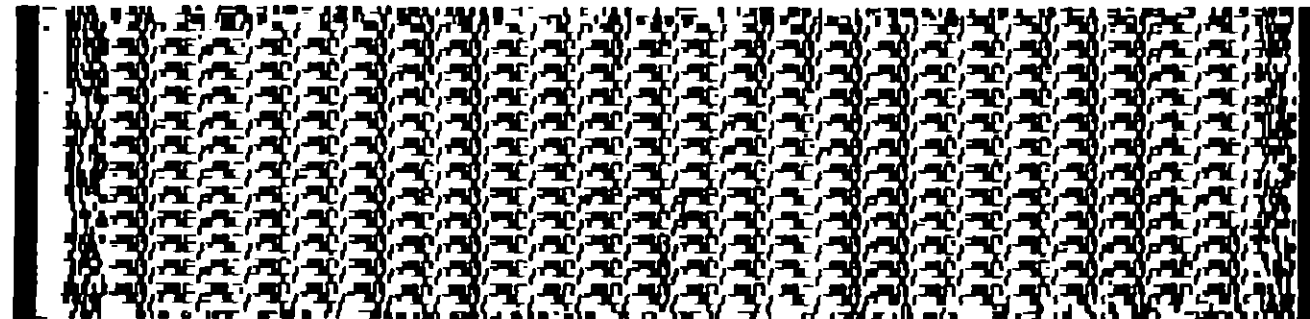
sign here

Title: Pres

Date: 11/03/2008

Area code and phone number: 512 261 8222

Texas Comptroller Official Use Only



VE/DE | O | PIR IND | O



00001928396