FAILURE TO SUBMIT THIS REPORT AND THE REQUIRED FEE ON OR BEFORE JANUARY 29, 1996 WILL RESULT IN CANCELLATION OF THIS REGISTRATION WITHOUT FURTHER NOTICE.

RYAN ENTERPRISES **Registry Number: 320542-56**

1. Authorized Representative: JAMES D RYAN
   PO BOX 1959
   WINSTON OR 97496

2. Principal Place of Business: ~~871 E HELWEG~~ RD 1215 SAFARI Road
   WINSTON OR 97496

3. Sic Code: (See Enclosed List) ~~6720~~ 7392 CONSULTING SERVICES ~~INVESTMENT OFFICES~~

4. Registrant(s) (if more than four, attach separate page). Please update to include any changes. A street address is required for all registrants.

Name: JAMES D RYAN
*SSN: _____
Addr: ~~871 E HELWEG~~ 1215 SAFARI ROAD
WINSTON OR 97496

Name: EILEEN F RYAN
*SSN: _____
Addr: ~~871 E HELWEG~~ 1215 SAFARI Road
WINSTON OR 97496

Name: _____
*SSN: _____
Addr: _____
_____
_____

Name: _____
*SSN: _____
Addr: _____
_____
_____

*If you choose to provide a Social Security Number, it will become a part of the public record.

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5. Counties: If changing counties please see instructions for fee calculation.

__ Baker	__ Crook	__ Harney	__ Lake	__ Morrow	__ Union
__ Benton	__ Curry	__ Hood River	__ Lane	__ Multnomah	__ Wallowa
__ Clackamas	__ Deschutes	__ Jackson	__ Lincoln	__ Polk	__ Wasco
__ Clatsop	X Douglas	__ Jefferson	__ Linn	__ Sherman	__ Washington
__ Columbia	__ Gilliam	__ Josephine	__ Malheur	__ Tillamook	__ Wheeler
__ Coos	__ Grant	__ Klamath	__ Marion	__ Umatilla	__ Yamhill

SIGNATURES OF NEW REGISTRANTS(S):

_____ _____

_____ _____

Signature required only when changes are made.

Signature of Authorized Representative: James D Logan

Day time telephone number: 541 679 4262

If the information has not changed return only the coupon with your remittance and retain the bottom portion for your records.
beribl50 abn renewal 11-95

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