

September 6, 1995

Joseph N Zawadzki
370 Seventh Ave
New York NY 10001

RE: BROOKS FASHION STORES, INC. C 73215

Dear Joseph:

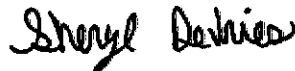
You have stated that the corporation is not doing business in Idaho. The records of this office, however, do not indicate that the corporation has filed an application for withdrawal from this state.

Enclosed please find an application for withdrawal. This office requires the application in duplicate and fees of \$20.00 to effect the withdrawal.

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. If an application for withdrawal or annual report is not filed before December 1, 1995, the corporation will forfeit its right to do business on that date.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

INSTRUCTIONS ON REVERSE SIDE

ISSUED 07-04-1985

No. 73215

Idaho Corporation Annual Report Form

2. Registered Agent and Office NOT A P.O. BOX

Return To

Due No Later Than November 30, 1985

C T CORPORATION SYSTEM
300 NORTH SIXTH STREET

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

1. Mailing Address - Please Contact If Not Current

BROOKS FASHION STORES, INC.
JOSEPH N. ZAWADZKI
370 SEVENTH AVENUE

BOISE ID 83701

* FIRST NOTICE *
NO FEE REQUIRED

NEW YORK NY 10001

3. Incorporated Under The Laws of

NY
NO: 73215

4. Names and Addresses of Officers and Directors

Name Street or P.O. Address City State Postal Code

President: N/A
Secretary: N/A
Directors: N/A

COMPANY IS OUT OF BUSINESS -
at present time there is one officer - Elaine Paul who holds
the title of Plan Administrator - She was previously
our Treasurer!

5. Nature of Business

Retail - Women's Apparel

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: *Elaine Paul* Date: _____
Name (Typed or Printed): ELAINE C. PAUL Title: Plan Administrator