

| No. C 99182 | Annual Report Form Due No Later Than November 30, 1996 | | 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 | 1. Mailing Address - Please Correct, If Not Correct FACIALS PLUS, INC. LAURA M. SCOTT 106 ROGER ST | | LAURA M. SCOTT 106 ROGER BOISE ID 83705 3. Organized Under the Laws of: | | | | | | | | | | | | | | | | | | | | | | | | | |
| * FIRST NOTICE * BOISE ID 83705 ID C 99182 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"> <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 colspan="6"> my CPA, Val Dille, closed down Facials Plus, Inc. when he was doing my 1995 income taxes. </td> </tr> <tr> <td>Pres</td> <td>LAURA SCOTT</td> <td>106 Roger</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Sec</td> <td>ROBIN YOUNG</td> <td>OPAL</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | my CPA, Val Dille, closed down Facials Plus, Inc. when he was doing my 1995 income taxes. | | | | | | Pres | LAURA SCOTT | 106 Roger | Boise | ID | 83705 | Sec | ROBIN YOUNG | OPAL | Boise | ID | 83705 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | |
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| Sec | ROBIN YOUNG | OPAL | Boise | ID | 83705 | | | | | | | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS COSMETOLOGICAL SERVICES | | 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>Laura Scott</u> Date <u>7-31-96</u> Name (Typed or Printed) <u>LAURA SCOTT</u> Title <u>Pres.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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