

No. 87741	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1993		LOIS A. MURRAY 1003 1/2 12TH AVE. SOUTH																									
	1. Mailing Address - Please Print If Not Listed LOILYN'S HAIR DESIGN, INC. LINDA L. SMITH 2906 E LOCUST LANE NAMPA ID 83686		NAMPA ID 83651 3. Incorporated Under The Laws of ID NO: 87741																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Linda Smith</td> <td>2906 E LOCUST LN</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Linda Smith	2906 E LOCUST LN	NAMPA	ID	83686	Secretary:						Directors:					
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Secretary:																												
Directors:																												
5. Nature of Business HAIR CARE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>Linda L. Smith</i></td> <td>Date</td> <td>10/20/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>LINDA L. SMITH</td> <td>Title</td> <td>Pres</td> </tr> </table>				Signature	<i>Linda L. Smith</i>	Date	10/20/93	Name (Typed or Printed)	LINDA L. SMITH	Title	Pres																
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