

No. C110994	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		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  <b>NO FEE REQUIRED</b>  * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct  SHEAR DELIGHT, INC. DONNA KRUGER 327 7TH ST EAST  TWIN FALLS ID 83301		DONNA KRUGER 327 7TH ST EAST  TWIN FALLS ID 83301  3. Organized Under the Laws of:  ID C110994																		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>President</td> <td>Donna Kruger</td> <td>849 Capri Dr.</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td>VP</td> <td>Roger Kruger</td> <td>849 Capri Dr.</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Donna Kruger	849 Capri Dr.	Twin Falls	Id	83301	VP	Roger Kruger	849 Capri Dr.	Twin Falls	Id	83301
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5. NATURE OF BUSINESS  BEAUTY SHOP		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>Donna G. Kruger</u> Date _____ Name (Typed or Printed) <u>Donna G. Kruger</u> Title <u>President</u>																			

ISSUED: 07-06-1995

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