

November 16, 1995

Randi Scheingel  
2 PENN PLAZA STE 1500  
NEW YORK NY 10121

RE: BROOKS FASHION STORES C 73215

Dear Randi:

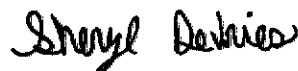
You have stated that the corporation is not doing business in Idaho. The records of this office, however, do not indicate that the corporation has filed an application for withdrawal from this state.

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

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

Mailing Address - Please Confirm If Not Current

BROOKS FASHION STORES, INC.  
~~JOSEPH N. ZAWADZKI~~ *Randi Scheingel*  
~~370 SEVENTH AVENUE~~ *2 Penn Plaza,*  
~~NEW YORK~~ NY ~~10004~~ *Ste 1500*

BOISE ID 83701

\* FIRST NOTICE \*  
NO FEE REQUIRED

3. Incorporated Under The Laws of

NY  
NO: 73215

## 4. Names and Addresses of Officers and Directors

10121

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

Name (Typed or Printed)

*Elaine C. Paul*

ELAINE C. PAUL

Date

Title

*11/13/95**Plan Administrator*