

No. C110643	<b>Annual Report Form 1996</b> Due No Later Than November 30.		2. Registered Agent and Office <b>NOT A P.O. BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct ROBIN'S STYLE, INC. ROBIN L NELSON 301 MAIN APT #3		ROBIN L NELSON 301 MAIN APT #3  ST. MARIES ID 83861												
	ST. MARIES ID 83861		3. Organized Under the Laws of: ID C110643												
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="0"> <thead> <tr> <th><u>Office held</u></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>Pres.</td> <td>Robin L. Nelson Blood</td> <td>301 Main #3</td> <td>St. Maries</td> <td>ID</td> <td>83861</td> </tr> </tbody> </table> <p><del>10-28-96</del> 10-28-96 I was married. My last name is now Blood. Please make this change on my Records. Thanks - Robin</p>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	Robin L. Nelson Blood	301 Main #3	St. Maries	ID	83861
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres.	Robin L. Nelson Blood	301 Main #3	St. Maries	ID	83861										
5. NATURE OF BUSINESS  BEAUTICIAN		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>Robin L Nelson Blood</u> Date <u>10-14-96</u> Name (Typed or Printed) <u>ROBIN L NELSON BLOOD</u> Title _____													

ISSUED: 10-05-1996

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