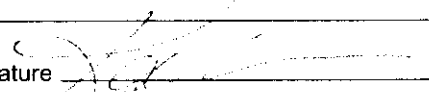


No. <b>C 148030</b>	<b>Due no later than March 31, 2004</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>															
	1. Mailing Address. (Correct in this box, if applicable)		KATHERINE SMITH 1594 BROOKSIDE LP													
	KATIE'S SALON, INC.  1594 BROOKSIDE LP  TWIN FALLS, ID 83301		TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <table border="1"> <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>President</td> <td>Katherine Smith</td> <td>1594 Brookside Loop</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Katherine Smith	1594 Brookside Loop	Twin Falls	Idaho	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Katherine Smith	1594 Brookside Loop	Twin Falls	Idaho	83301											
5. Organized Under the Laws of:  IDAHO C 148030		6.  Signature _____ Date <u>3-3-04</u> Name (Typed or Printed) <u>Katherine Smith</u> Title <u>President</u>														