

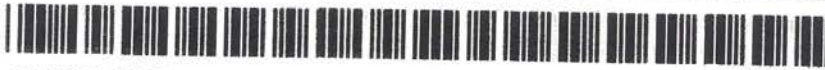
Personal Property Return
As of January 1, 2008
Due April 15, 2008

2008

Form 1
Page 1 of 4

Date Received -
 by Department

CHECK ONE	<input type="checkbox"/> Domestic Stock Corp. (D) \$300	<input type="checkbox"/> Domestic Limited Liability Company (W) \$300
	<input type="checkbox"/> Foreign Stock Corp. (F) \$300	<input type="checkbox"/> Foreign Limited Liability Company (Z) \$300
	<input checked="" type="checkbox"/> Domestic Non-Stock Corp. (D) - 0 -	<input type="checkbox"/> Domestic Limited Partnership (M) \$300
	<input type="checkbox"/> Foreign Non-Stock Corp. (F) - 0 -	<input type="checkbox"/> Foreign Limited Partnership (P) \$300
	<input type="checkbox"/> Foreign Insurance Corp. (F) \$300	<input type="checkbox"/> Domestic Limited Liability Partnership (A) \$300
	<input type="checkbox"/> Foreign Interstate Corp. (F) - 0 -	<input type="checkbox"/> Foreign Limited Liability Partnership (E) \$300
	<input type="checkbox"/> SDAT Certified Family Farm (A,D,M,W) \$100	<input type="checkbox"/> Business Trust (B) \$300
		<input type="checkbox"/> Real Estate Investment Trust (D) \$300



D02910271 X 04 NO FILING FEE

Make Address Corrections Here

Name of Business Mailing Address

INTERNATIONAL COSTUMERS GUILD, INC.
 2801 ASHBY AVE
 BERKELEY, CA 94705-2305

COPY

Check here if this is a change of address

Type or Print Department ID Number Here

ID # PREFIX
 D 0 2 9 1 0 2 7 1

DEPARTMENT ID NUMBER ID# PREFIX D 0 2 9 1 0 2 7 1		FEDERAL EMPLOYER IDENTIFICATION NUMBER 5 2 1 6 5 6 1 8 8	
DATE OF INCORPORATION OR FORMATION Nov. 28, 1989	STATE OF INCORPORATION OR FORMATION MARYLAND	FEDERAL PRINCIPAL BUSINESS CODE	
TRADING AS NAME		<input type="checkbox"/> Check here if you use a preparer and do not want personal property forms mailed to you next year.	

SECTION I

- A. Is any business conducted in Maryland? NO Date began: _____
 (Yes or No)
- B. Nature of business conducted in Maryland: NON-PROFIT EDUCATIONAL - MEMBERSHIP
- C. Does the business own, lease or use personal property located in Maryland? NO If No, skip SECTION II.
 (Yes or No)

ONLY CORPORATIONS COMPLETE ITEM D

D. Names and addresses of officers and names of directors (type or print):

OFFICERS	
Names	Addresses
President <u>NORAMAI</u>	<u>7835 MILAN, UNIVERSITY CITY, MO 63130</u>
Vice-President <u>JAN PRICE</u>	<u>11424 ENCORE DR, SILVER SPRING, MD 20904</u>
Secretary <u>KARON HEIM</u>	<u>2845 LAMP AVE, ST. LOUIS, MO 63118</u>
Treasurer <u>BRUCE MACDERMOTT</u>	<u>3040 VALLEY VISTA DR., SEDONA, AZ 86351</u>

DIRECTORS			
Names		Names	
<u>HEIDI OSIER</u>	<u>MICHAEL BRUNO</u>	<u>HAROLD ARNOW</u>	<u>MARISA WROMKA</u>
<u>JULIE SAARO</u>	<u>JACQUELINE WARRA</u>	<u>BYRON CANNELL</u>	<u>DIANE HARRIS</u>
<u>VALERIE ROBERTS</u>	<u>ANN HAMILTON</u>	<u>JANICE DALLAS</u>	<u>BRUCE MAI</u>
<u>JENNIFER THOMPSON</u>	<u>ROB HIMMELSBACH</u>	<u>JACKIE BOWEN</u>	<u>KORI DOERING</u>

PLEASE STAPLE CHECK HERE

INCLUDE DEPARTMENT ID NUMBER ON CHECK

BUSINESS TANGIBLE PERSONAL PROPERTY LOCATED IN MARYLAND

2008

EACH QUESTION MUST BE ANSWERED—SEE INSTRUCTIONS
ROUND CENTS TO THE NEAREST WHOLE DOLLAR

Form 1
continued
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SECTION II

A. IMPORTANT: Show exact location of all personal property owned and used in the State of Maryland, including county, town, and street address (PO Boxes are not acceptable). This assures proper distribution of assessments. If property is located in two or more jurisdictions, provide breakdown by locations by completing additional copies of Section II for each location.

NONE

(Address, Number and Street) _____ (Zip Code) _____

Check here if this location has changed from the 2007 return.

Is the property located inside the limits of an incorporated town? _____ (Yes or No)

(County) _____

(Incorporated Town) _____

Note: If all of the personal property of this business is located entirely in the following exempt counties: Frederick, Garrett, Kent, Queen Anne's, or Talbot, you may be eligible to skip the remainder of Section II. Refer to Specific Instructions, Section II, A for more information.

① **Furniture, fixtures, tools, machinery and equipment not used for manufacturing or research and development.** State the original cost of the property by year of acquisition and category of property as described in the Depreciation Rate Chart on page 4. Include all fully depreciated property and property expensed under IRS rules.

Columns B through G require an explanation of the type of property being reported. Use the lines provided below. If additional space is needed, provide a supplemental schedule. Failure to explain the type of property will result in the property being treated as Category A property (see instructions for example). **Refer to the 2008 Depreciation Rate Chart on page 4 for computer equipment rates for categories B and D.**

	ORIGINAL COST BY YEAR OF ACQUISITION							TOTAL COST
	A	B	C	D	E	F	G	
2007								
2006								
2005								
2004								
2003								
2002								
2001								
2000 and prior								
TOTAL COST COLUMNS A-G →								

DESCRIBE **B** through **G** PROPERTY HERE:

② **Commercial Inventory.** Furnish an average of 12 monthly inventory values taken in Maryland during 2007 at cost or market value of merchandise and stock in trade. Include products manufactured by the business and held for retail sale and inventory held on consignment. (Do not include raw materials or supplies used in manufacturing.) Note: LIFO prohibited in computing inventory value.

Average Commercial Inventory _____ Furnish from the latest Maryland Income Tax return:

\$ **NONE** Opening Inventory - date _____ amount \$ _____

Closing Inventory - date _____ amount \$ _____

Note: Businesses that need a Trader's License must report commercial inventory here.

③ **Supplies.** Furnish the average cost of consumable items not held for sale (e.g., contractor's supplies, office supplies, etc.).

Average Cost _____

\$ **NONE**

④ **Manufacturing/Research and Development (R&D) Inventory.** Furnish an average of 12 monthly inventory values taken in Maryland during 2007 at cost or market value of raw materials, supplies, goods in process and finished products used in and resulting from manufacturing/R&D by the business. (Do not include manufactured products held for retail sale.)

Average Manufacturing/R&D Inventory _____ Furnish from the latest Maryland Income Tax return:

\$ **NONE** Opening Inventory - date _____ amount \$ _____

Closing Inventory - date _____ amount \$ _____

5 Tools, machinery and equipment used for manufacturing or research and development: State the original cost of the property by year of acquisition. Include all fully depreciated property and property expensed under IRS rules. If this business is engaged in manufacturing / R&D, and is claiming such an exemption for the first time, a manufacturing / R&D exemption application must be submitted on or before September 1, 2008 before an exemption can be granted. Contact the Department or visit www.dat.state.md.us for an application. If the property is located in a taxable jurisdiction, a detailed schedule by depreciation category should be included to take advantage of higher depreciation allowances.

Table with 4 columns: Year (2007-2004), Description, Year (2003-2000 and prior), Description. Title: ORIGINAL COST BY YEAR OF ACQUISITION

TOTAL COST \$ NONE

6 Vehicles with Interchangeable Registration (dealer, recycler, finance company, special mobile equipment, and transporter plates) and unregistered vehicles should be reported here. See specific instructions.

Table with 4 columns: Year (2007-2006), Description, Year (2005-2004 and prior), Description. Title: ORIGINAL COST BY YEAR OF ACQUISITION

TOTAL COST \$ NONE

7 Non-farming livestock \$ (Book Value) \$ (Market Value)

8 Other personal property Total Cost \$ NONE File separate schedule giving a description of property, original cost and the date of acquisition.

9 Property owned by others and used or held by the business as lessee or otherwise Total Cost \$ NONE File separate schedule showing names and addresses of owners, lease number, description of property, installation date and separate cost in each case.

10 Property owned by the business but used or held by others as lessee or otherwise Total Cost \$ NONE File separate schedule showing names and addresses of lessees, lease number, description of property, installation date and original cost by year of acquisition for each location. Schedule should group leases by county where the property is located. Manufacturer lessors should submit the retail selling price of the property not the manufacturing cost.

SECTION III This Section must be completed.

A. Total Gross Sales, or amount of business transacted during 2007 in Maryland: \$ NONE If the business has sales in Maryland and does not report any personal property, explain how the business is conducted without personal property. If the business is using the personal property of another business, provide the name and address of that business.

B. If the business operates on a fiscal year, state beginning and ending dates:

C. If this is the business' first Maryland personal property return, state whether or not it succeeds an established business and give name:

D. Does the business own any fully depreciated and/or expensed personal property located in Maryland? [] yes [X] no If yes, is that property reported on this return? [] yes [] no

E. Does the submitted balance sheet or depreciation schedule reflect personal property located outside of Maryland? [] yes [] no If yes, reconcile it with this return.

F. Has the business disposed of assets or transferred assets in or out of Maryland during 2007? [] yes [] no If yes, complete Form 4C (Disposal and Transfer Reconciliation).

PLEASE READ "IMPORTANT REMINDERS" ON PAGE 4 BEFORE SIGNING

I declare under the penalties of perjury, pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

NAME OF FIRM, OTHER THAN TAXPAYER, PREPARING THIS RETURN

Bruce R. MacDonnott TREASURER PRINT OR TYPE NAME OF CORPORATE OFFICER OR PRINCIPAL OF OTHER ENTITY TITLE

X SIGNATURE OF PREPARER DATE

X Bruce R. MacDonnott 08 APR 08 SIGNATURE OF CORPORATE OFFICER OR PRINCIPAL DATE

() PREPARER'S PHONE NUMBER E-MAIL ADDRESS

(510) 486-8232 BUSINESS PHONE NUMBER E-MAIL ADDRESS