

No. L 4448	Reinstatement Annual Report Form ADMIN TERMINATED 11/06/2008		2. Registered Agent and Office (NOT A P.O. BOX) JEFF GOODING 747 BUCKINGHAM DR TWIN FALLS ID 83301													
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MARKET LAKE ASSOCIATES LIMITED PARTNERSHIP JEFF 747 BUCKINGHAM DR 1025 SHOSHONE ST N #1 <i>1426 Addison Ave</i> TWIN FALLS ID 83301 <i>-5202 E. STE C</i>		3. New Registered Agent Signature.													
	4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td><i>Gen Ptn</i></td><td><i>Jeff Gooding</i></td><td><i>747 Buckingham</i></td><td><i>Twin Falls</i></td><td><i>ID</i></td><td><i>USA</i></td><td><i>83301</i></td></tr></tbody></table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>Gen Ptn</i>	<i>Jeff Gooding</i>	<i>747 Buckingham</i>	<i>Twin Falls</i>	<i>ID</i>	<i>USA</i>
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5. Organized Under the Laws of: IDAHO L 4448	6. <table border="1"><tr><td>Signature: <i>Jeff Gooding</i></td><td>Date: <i>11/18/08</i></td></tr><tr><td>Name (type or print): <i>Jeff Gooding</i></td><td>Title: <i>PR</i></td></tr></table>					Signature: <i>Jeff Gooding</i>	Date: <i>11/18/08</i>	Name (type or print): <i>Jeff Gooding</i>	Title: <i>PR</i>							
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Issued 11/18/2008 by CLH																

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