No. **L 3584**	**Due no later than Dec 31, 2011** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** IT'S ONLY MONEY, LIMITED PARTNERSHIP JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303	DAVID C ALLEN 3329 OREGON TRAIL DR KIMBERLY ID 83341 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	DAVID C ALLEN	141 MORRISON ST	TWIN FALLS	ID	USA	83301
GENERAL PARTNER	BRENDA KAY ALLEN	3329 OREGON TRAIL DR	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 3584**	Signature: John A Coleman	Date: 10/10/2011
	Name (type or print): John A Coleman	Title: Agent

Processed 10/10/2011

* Electronically provided signatures are accepted as original signatures.