No. L 6559	Reinstatement Annual Report Form ADMIN TERMINATED 09/23/2014	2. Registered Agent and Office **(NOT A P.O. BOX)** JANE A ALLEN 1504 W HEMPSTEAD DR EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** ALLENS WORLD CRUISE & TOUR, LP JANE A ALLEN 1504 W HEMPSTEAD DR EAGLE ID 83616	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Partnerships: Enter Names and Business Addresses of general partners.

General Partners	Name	Street or PO Address	City	State	Country	Postal Code
JAMES D. ALLEN	1504 W. HEMPSTEAD DR.	EAGLE,	ID			83616

5. Organized Under the Laws of:	6.
IDAHO L 6559	Signature: James A. Allen Date: 10/24/2014 Name (type or print): JAMES A. ALLEN Title: OWNER

Issued 10/24/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM