No. L 3584	Reinstateme	nt Annual Report Form	2. Registered Agent and Office (NOT A		
Return to:	ADMIN TERM	ADMIN TERMINATED 03/04/2010		P.O. BOX) DAVID C ALLEN 3329 OREGON TRAIL DR KIMBERLY ID 83341  3. New Registered Agent Signature.	
SECRETARY OF STA 450 N 4th STREET		1. Mailing Address: Correct in this box if needed.  IT'S ONLY MONEY, LIMITED PARTNERSHIP DAVID C ALLEN  3329 OREGON TRAIL DR KIMBERLY ID 83341			
PO BOX 83720 BOISE, ID 83720-0080	DAVID C ALLEN				
	KIMBERLY ID 83				
REINSTATEMENT					
FEE DUE: \$30.0					
Limited Partnerships	Enter Names and Business A	ddresses of general partners.		`	
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<b>u</b>	Brenla K. Allen	3329 Oregon trail	4 44 5/30	u	
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Organized Under the I	aws of: 6.		,		
IDAHO	Signature:			ate: 3/16/10	
L 3584	Name (type or p	rint): David C. A	dla.	de en maria	
			11.167	**************************************	
ied 03/10/2010 by SL			li en	the Gen Partne	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.