## REINSTATEMENT

<b>No.</b> C 121786	Annual Report Form	2. Plegistered Agend and Office ACT A P.U. ack
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Mailing Address - Please Correct, If Not Correct	JOHN G SIMMONS
	PENSION ONE SOURCE, INC.	2541 E 98TH N
P.O. BOX 83720 BOISE, 10 83720-0080	PO BOX 50577	
FEE DUE	IDAHO FALLS ID 83405 0577	IDAHO_FALLSID_83401 3. Organized Under the Laws of:
	IDATO TALES ID 03403 0377	ID C 121786
Limited Liability Companie	Street or P.O. Activess  John Simmons 2541 East 98th  North  NO DIRECT  Per 30-1-732	city State Zo Idaho Idaho 83401 Falls
5. Signature of New Register	red Agent 6.	Shareholder
		min 3/2/90
John G. Ar	Name Printed John G. S.	immon Son Title President
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INST	RUCTIONS FOR THE IDAHO ANNUAL REI	PORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
   NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4. Limited Liability Company: Enter the names and addresses of the managers or members in block 4. NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title. Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.

6.) If new registered Agent, please sign block 5.

IDANO SECRETARY OF STATE

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