No. W 90638		Due no later than Feb 28, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LARY S LARSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PETERSEN FAMILY LIMITED LIABILITY COMPANY (THE) LARY S LARSON PO BOX 51219 IDAHO FALLS ID 83405 428 PARK AVE IDAHO FALLS ID 83402 428 PARK AVE IDAHO FALLS ID 83402 3. New Registered Agent Signature:*						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER HENRY M. PETERSEN		314 NORTH 4500 EAST	RIGBY	ID	USA	83442	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 90638		Signature: Lary S. Larson			Date: 03/08/2013			
		Name (type or		Title: Agent				
Processed 03/08/2013 * Electronically provided signatures are accepted as original signatures.								