No. **L 2059**	**Due no later than Sep 30, 2010**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BRIAN C. LARSEN FAMILY LIMITED PARTNERSHIP 1227 MORNINGSIDE DR REXBURG ID 83440	BRIAN LARSEN 213 W 300 S REXBURG ID 83440 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	BRIAN C LARSEN	274 S 200 W	REXBURG	ID	USA	83440
GENERAL PARTNER	CHRISTINE F LARSEN	274 S 200 W	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 2059**	Signature: Brian Larsen Name (type or print): Brian Larsen	Date: 07/22/2010 Title: Member

Processed 07/22/2010

* Electronically provided signatures are accepted as original signatures.