

No. L 2059		Due no later than Sep 30, 2016		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 BRIAN LARSEN 39 PROFESSIONAL PLAZA REXBURG ID 83440		BRIAN LARSEN 1227 MORNINGSIDE DR REXBURG ID 83440		
				3. <u>New</u> Registered Agent Signature:*		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	BRIAN C LARSEN	1227 MORNINGSIDE DR	REXBURG	ID	USA	83440
GENERAL PARTNER	CHRISTINE F LARSEN	1227 MORNINGSIDE DR	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID L 2059		6. Annual Report must be signed.* Signature: BRIAN C LARSEN Name (type or print): BRIAN C LARSEN Date: 07/25/2016 Title: GENERAL PARTNER				
Processed 07/25/2016		* Electronically provided signatures are accepted as original signatures.				