No. L 5878	Due no later than Jun 30, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed. OTTO S. FLORENCE FAMILY LIMITED PARTNERSHIP OTTO S. FLORENCE 143 9TH AVE EAST TWIN FALLS ID 83301	2. Registered Agent and Office (NOT A P.O. BOX)  OTTO S FLORENCE 143 9TH AVE EAST TWIN FALLS ID 83301
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
Limited Partnerships: Enter Names and Business Addresses of general partners.  General Partners Name Street or PO Address City State Country Postal Code  OTTO S FLORENCE 143 9TH ANGE, TWINFALLS ID. U.S.A. 83301  MARY ALICE FLORENCE-143 9TH ANGE. TWIN FALLS ID. 115A. 83301		
5. Organized Under the Laws of: 6.  Signatu	ws of: Signature: Amount of the state of the	Date:
L 5878	Name (type or print):  OTTO S. FLORENCE	Title: GRANTOR
Issued 06/04/2012 by KAH		112476

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing 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.