No. L 2059		Due no later than Sep 30, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. BRIAN C. LARSEN FAMILY LIMITED PARTNERSHIP 1227 MORNINGSIDE DR REXBURG ID 83440		2. Registered A	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				213 W 300 S REXBURG II	BRIAN LARSEN 213 W 300 S REXBURG ID 83440 3. New Registered Agent Signature:*			
RECEIVED BY DO	JE DATE Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER GENERAL PARTNER	BRIAN C LA CHRISTINE		274 S 200 W 274 S 200 W	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of: ID L 2059		6. Annual Report must be signed.* Signature: Brian Larsen Name (type or print): Brian Larsen			Date: 10/19/2009 Title: Member			
Processed 10/19/2009		* Electronically provided signatures are accepted as original signatures.						