No. L 1709		Due no later than Jul 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. KALANGE FAMILY LIMITED PARTNERSHIP THOMAS E KALANGE PO BOX 6064 BOISE ID 83707-6064 2. Registered Agent and Address (NO THOMAS E. KALANGE 4143 W. QUAIL RIDGE DRIVE BOISE ID 83703 3. New Registered Agent Signature:*		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								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	THOMAS E.	KALANGE	4143 W. QUAIL RIDGE DRIVE	BOISE	ID	USA	83703	
GENERAL PARTNER	MARILYN E.	KALANGE	4143 W. QUQIL RIDGE DRIVE	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID L 1709		Signature: Thomas E Kalange Date: 06/21/			/2016			
		Name (type o	or print): Thomas E Kalange	Title: General Partner				
Processed 06/21/2016		* Electronically provided signatures are accepted as original signatures.						