No. **L 3230**	**Due no later than Nov 30, 2011**	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.** ARDEN G. KLINGLER FAMILY LIMITED PARTNERSHIP ARDEN G KLINGLER 2139 N 6000 W REXGURG ID 83440	ARDEN G KLINGLER 2139 N 6000 W REXGURG ID 83440 3. New Registered Agent Signature:*

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	ARDEN G KLINGLER	2139 N 6000 W	REXGURG	ID	USA	83440
GENERAL PARTNER	PEARL B KLINGLER	2139 N 6000 W	REXGURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **L 3230**	Signature: Arden Klingler	Date: 11/23/2011
	Name (type or print): Arden Klingler	Title: Partner

Processed 11/23/2011

* Electronically provided signatures are accepted as original signatures.