No. L 913 Return to:	Reinstatement Annual Report Form ADMIN TERMINATED 07/11/2012  1. Mailing Address: Correct in this box if needed.  LARRY F. HARPER FAMILY LIMITED PARTNERSHIP LARRY F HARPER 672 WEST 100 SOUTH PAUL ID 83347				2. Registered Agent and Office (NOT A P.O. BOX) LARRY F. HARPER 672 WEST 100 SOUTH PAUL ID 83447		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080							
reinstatement fee due: \$30.00					3. <u>New</u> Re	egistered Age	nt Signature.
4. Limite General Partners	ed Partnership Name	s: Enter Nam Street	es and Busine or PO Address	ss Addresse City		ral partners Country	Postal Code
Larry F. H	arper	672 W	100 s	Paul	ID		83347
VerRona Ha	rper	672 W	100 s	Paul	ID		83347
i. Organized Under the Laws	of: 6. Signature: Name (type or print):  Larry F. Harper				Date: Title: <u>Genl. Partner</u>		
L 913							

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