

No. L 2059		Due no later than Sep 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRIAN C. LARSEN FAMILY LIMITED PARTNERSHIP BRIAN LARSEN 39 PROFESSIONAL PLAZA REXBURG ID 83440		BRIAN LARSEN 1227 MORNINGSIDE DR REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
GENERAL PARTNER	BRIAN C LARSEN	1227 MORNINGSIDE DR		REXBURG	ID	USA	83440
GENERAL PARTNER	CHRISTINE F LARSEN	1227 MORNINGSIDE DR		REXBURG	ID	USA	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: 07/15/2013 Title: General Partner					
Processed 07/15/2013		* Electronically provided signatures are accepted as original signatures.					