



STATEMENT OF TERMINATION OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 JUN 15 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Workman Family Partnership, a Limited Partnership

2. The date the certificate of limited partnership was filed with the Idaho Secretary of State is:

December 21, 1983

3. ☐ This limited partnership is a **limited liability** limited partnership.

4. ☒ This limited partnership having been dissolved and having completed the winding up of its activities and affairs hereby terminates its certificate of limited partnership.

5. Other matters (optional):

6. Signatures of all general partners or remaining limited partners:

Printed Name: Workman Management Inc Gen Prtnr

Signature: Melba Workman, President

Printed Name: William J. Workman, Limited Partner

Signature: William J. Workman

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/15/2016 05:00

CK:18070 CT:106291 BH:1533328

1@ 30.00 = 30.00 CANCEL LP #2

1@ 20.00 = 20.00 EXPEDITE C #3

L529