

AMENDMENT TO CERTIFICATE OR REGISTRATION OF LIMITED PARTNERSHIP

09 MAR -9 AM 8: 46

FILED EFFECTIVE

(instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

	OUTIL OF IDATE
1. The name of the limited partnership is:	
ASHCO Trust L	imited Partnership
if the Limited Partnership has been ac	iministratively dissolved and the name is no with manner with more with more an amendment of name.
•	
2. The date of which its certificate or registration o	1daha
Secretary of State was January 07, 2008	and its domestic state is:ldaho
3. The certificate of limited partnership is amende	d as follows: [check appropriate box(es)]
<u> </u>	
☐ a. The name of the limited partnership is amer ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is amer. ☐ a. The name of the limited partnership is a mer. ☐ a. The name	
AHSCO Inist L	imited Partnership
☐ b. The name of each withdrawing general part	mer is:
$oldsymbol{J}$ c. The name and business address of each ne	ew general partner is: (if more space is needed, continue in block g)
The second section is a second second section in the second section is a second section of the second section in the second section is a second section sectio	
d. The statement that this limited liability limite	•
☐ e. This limited partnership [☐ is] [☐ is not]	and the second of the second o
	ntinued following an event of withdrawal of a general
partner.	
☐ g. Other amendments (optional):	
•	Salar Sa
Signature of all general paymers:	
717. DVI	10
Signature	Secretary of State use only
Typed Name Gordon W. Jenkins Manager of GP	Secretary of State use only Description
Signature	
Typed Name	11/200
	IBNO SECRETARY OF STATE
Signature	CX: 1631 CT: 234919 3H: 11685
Typed Name	

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