



CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

FILED EFFECTIVE
2012 MAR 15 AM 10:36
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

M. H. BOWEN LIMITED FAMILY PARTNERSHIP

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

OCTOBER 8, 2003

3. This limited partnership [☐ is] [☒ is not] a limited liability limited partnership.

4. The limited partnership having been dissolved and having completed the winding up of business hereby cancels its certificate of limited partnership.

5. Other matters (optional):

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

Signature
Typed Name Reed J. Bowen Jr.

Signature
Typed Name Mary H. Bowen

Signature _____
Typed Name _____

Signature _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/15/2012 05:00
CK: 7889 CT: 268205 BH: 1315274
1 @ 30.00 = 30.00 CANCEL LP # 3

L5092