

Typed Name

## OR REGISTRATION OF LIMITED PARTNERSHIP

(instructions on back of application)

FILED EFFECTIVE

09 JUL 15 PM 2: 13

SECRETARY OF STATE STATE OF IDAHO

The name of the limited partnership i	s:	
MDR F	AMILY LIMITED PARTNI	ERSHIP
	o has been administratively d use, #3a below must include	
2. The date of which its certificate or reg	<del>-</del>	·
Secretary of State was08/1	0/2007 and it	s domestic state is:IDAHO
·		
3. The certificate of limited partnership i	s amended as follows:	[check appropriate box(es)]
a. The name of the limited partnersh	ip is amended to read	
MLL	DR LIMITED PARTNERS	SHIP
The Theorem of each with the		
☐ b. The name of each withdrawing ge	eneral partner is:	
☑ c. The name and business address	of each new general pa	artner is: (if more space is needed, continue in block g)
Change Of Address: Debbie R	oberts PO Box 2560	Eagle ID 83616: Max Roberts
PO Box 2560 Eagle ID 83616	JULIEU I O BON LOVO	Lide 15 15 11 Valley VI 11 11 A 11 Valley VI
	pility limited partnershir	n is hereby deleted
<ul> <li>□ d. The statement that this limited liability limited partnership is hereby deleted.</li> <li>□ e. This limited partnership [□ is ] [□ is not ] a limited liability limited partnership.</li> </ul>		
	•	wing an event of withdrawal of a general
partner.	<b>,</b>	
☐ g. Other amendments (optional):		
	F	
Signature of all general partners	<u>)                                    </u>	
Signature		
Typed Name MAX L ROBER	TS DE	Secretary of State use only
/\ / / / · V	Pobuts  Pobuts  RTS  2002/11 pesuwey  RTS	
Signature	DTC E	L.2922
Typed Name DEBBIE L ROBE	· 호 호 호 호 호 호 호 호 호 호 호 호 호 호 호 호 호 호 호	IDAHO SECRETARY OF STATE
Signature	Forms Revise	07/15/2009 05:00