

**FILED EFFECTIVE**

# **CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP**

(instructions on back of application)

06 NOV 14 PM 4:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership is:

W. D. STOKES FAMILY LIMITED PARTNERSHIP

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

November 7, 1997

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

*[Handwritten Signature]*

Typed Name

W. D. Stokes, General Partner

Signature

Typed Name

Signature

Typed Name

Signature

Typed Name

Secretary of State use only

**L 3545**

IDAHO SECRETARY OF STATE

11/14/2006 05:00

CK: 27656 CT: 5483 BH: 1813492

10 38.00 = 38.00 CANCEL LP # 2