

FILED EFFECTIVE



CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

08 OCT 16 AM 9:00
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

MRS Family Limited Partnership

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

12/29/97

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

Miriam R. Smith

Typed Name

Miriam R. Smith

Signature

Typed Name

Signature

Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
10/16/2008 05:00
CK: 18002 CT: 3700 BH: 1140324
1 @ 30.00 = 30.00 CANCEL LP # 2

9. Complete this form and forward to the Secretary of State for filing.
 Revised 07/2005

L 3615