

## CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

09 AUG 24 AM 8= 58

SECRETARY OF STATE STATE OF IDAHO

	The name of the limi	ted partnership:		•	
	Sunkin Treasure, L.P.	· · · · · · · · · · · · · · · · · · ·			
	The mailing address	of the principal office:			
	4 Dover Road, Pittsford	, New York 14534			· · · · · · · · · · · · · · · · · · ·
	The name and busin	ess address of the reg	istered agen	t:	1
	Incorp Services, Inc., 92	21 Orchard St., Ste G, Bois	se, ID 83705		
	The name and mailing address of each general partner: <u>Name</u> <u>Address</u>				
	Joan R. Sunkin, 4 Dover Road, Pittsford, New York 14534				
					· ·
		,	<u></u>		
	(If more space is needed, c	ontinue in item 6.)			
[lf	This limited partnersh you check that your partnership is a lim	nip [  is not ] [  is ] ited liability limited partnership, your partnership, your partnership.	a <b>limited lia</b> artnership name <u>mus</u>	bility limited partne	ership. Limited Partnership.]
	Other matters (option	nal):			
	•	solve on December 31, 20	54 unless soon	er terminated pursuan	t to the
	Partnership Agreement.				
_	<b></b>				
S \	ignature of all general			Secretary of State u	ise only
7		Joan R Sunkin Typed Name	<sub>28</sub>		
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