

234

FILED EFFECTIVE

**CERTIFICATE OF
TERMINATION OF
LIMITED PARTNERSHIP**

(Instructions on back of application)

2012 MAY -9 PM 3:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:


REQUA FAMILY LIMITED PARTNERSHIP

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

FEBRUARY 1, 2007

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 JAMES REQUA

Signature _____
Typed Name _____

Signature _____
Typed Name _____

Signature _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/09/2012 05:00
CK: 989461 CT: 172099 BH: 1323529
1 @ 30.00 = 30.00 CANCEL LP # 2

g:\compliance\for\cancel of termination lp.pmd
Revised 07/2008

L 5811