

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

SECRETARY OF STATE

STATE OF TO STATE

The name of the limited partnership:
V. fomin L.P.
The mailing address of the principal office: NampaID
4329 Sahara Dr. 112 83686
The name and business address of the registered agent:
R. Fomin 4329 Sahara Dr. 10 83686
The name and mailing address of each general partner: Name Address
V. Fomin 4329 Sahara Dr. 10 83686
R. Formin 4329 Sahara Dr. 10 83686
(If more space is needed, continue in item 6.) This limited partnership [is not] [is] a limited liability limited partnership. [If you check that your partnership is a limited liability limited Partnership.]
Other matters (optional):
Signature of all general partners: Secretary of State use only Secretary of State use only
Typed Name Typed Name

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