

FILED EFFECTIVE

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CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

 2008 AUG 13 AM 11:23
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited partnership:

The Ralph Steele Limited Partnership

2. The mailing address of the principal office:

P.O. Box 3189, Idaho Falls, Idaho 83403-3189

3. The name and business address of the registered agent:

Stephen E. Martin, 425 S. Holmes Avenue, Idaho Falls, Idaho 83401

4. The name and mailing address of each general partner:

Name Management Address

The Ralph Steele LLC, c/o Ralph Steele, Manager, 531 South 52nd East, Idaho Falls, ID 83401

(If more space is needed, continue in Item 6.)

5. This limited partnership [☒ is not] [☐ is] a limited liability limited partnership.

(If you check that your partnership is a limited liability limited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnership.)

6. Other matters (optional):

The Partnership shall be dissolved on December 31, 2060.

THE RALPH STEELE MANAGEMENT LLC

7. Signature of all general partners:

Ralph Steele
Katherine Moriarty
H. Scott Steele

Ralph Steele, Manager

Typed Name

Katherine Moriarty

Typed Name Manager

H. Scott Steele,

Typed Name Manager

Typed Name

Secretary of State use only

L6128

IDAHO SECRETARY OF STATE
 08/13/2008 05:00
 CK: NONE CT: 113824 BH: 1131511
 1 @ 100.00 = 100.00 LTD PTR DM # 2

Web Form