

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2010 MAY 17 PM 1: 12

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited pa	artnership:				•
2.	The mailing address of the	e principal office:				
	483 E Huckleberry Ct. Kuna, ID 83634					•
3.	The name and business a	•			e e e e e e e e e e e e e e e e e e e	•
	Nathan B. Davis 483 E Hu	ckleberry Ct. Kuna, ID 8	33634			
4.	The name and mailing add	dress of each gener Address				
	Unex Capital, Inc.	483 E Huckleberr	ry Ct. Kuna, ID 8	3634	•	. "
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	(If more space is needed, continue					-
5.	This limited partnership []	☑ is not][☐ is]a Rity limited partnership, your partn	limited Habili ership name <u>must</u> end i	ty limited par null Por Limited Lief	rtnership. bility Limited Partn	erehip.]
6.	Other matters (optional):			я	• •	٠
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,						
7	Signature of all general partr	nare.				
, ,	orginature or an gorioral parti	Unex Capital, Inc.		Secretary of St	ate use only	**
•	77	Typed Name Nathan Davis, Secretary	imited 09/2008	L	6407	÷
		Typed Name	alpforms cart of imited pmd Ravised 09/2008		SECRETARY OF	STATE
,		Typed Name	moud/we pwd		72010 CT: 211768 B	85 : 89 H: 1222676

Typed Name