## CERTIFICATE OF LIMITED PARTNERSHIP (Instructions on back of application) (Instructions on back of application) (Instructions on back of application) (Instructions on back of application)

		partnership is:		PARTNERSHIP
The name a	nd business	address of the	registered agen	nt are:
Rose H.	Jones	2285 West	1500 South,	Malad, Idaho 83252
(not a P.O. Box)			-	
The name a	nd business	address of eac	h general partne	er are:
<u>Name</u>		<u>Addre</u> :	<u>ss</u>	
Rose H.	Jones	2285 West	1500 South,	Malad, Idaho 83252
			***************************************	
(if more space is	needed, continue i	ın item 5.)		7
The latest d	ate on which	the partnership	o will dissolve is:	Janaury 1, 2050
Other matte	rs (optional):			
Stroi matte	o (optional).			
•				
Signatures (	of all general	nartnere:		
oignatures (	of all general	parincis.		Secretary of State use only
nos	Rose/H.	Jones	18/96	IDAHO SECRETARY OF
			Revised 8/96	DATE 06/16/19 0900 102343
			cc	<del></del>
•			و ا	CK #: 225 CUST# 82
	117.5 111		orms/CLP.pm6	CK #: 225 CUST# 82* LTD PTR DM 10 100.00=

∟ 3452