



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

2007 FEB 23 AM 9:12

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

WOLFLEY FAMILY LIMITED PARTNERSHIP

2. The mailing address of the principle office:

329 S WOODRUFF IDAHO FALLS, ID 83401

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

S REX WOLFLEY 329 S WOODRUFF IDAHO FALLS, ID 83401

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

Name

Address

S REX WOLFLEY

178 JACKNIFE RD FREEDOM, WY 83120

MARSHA WOLFLEY

178 JACKNIFE RD FREEDOM, WY 83120

(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):

7. Signature of all general partners:

*S. Rex Wolfley*  
*Marsha B. Wolfley*

S REX WOLFLEY

Typed Name  
MARSHA WOLFLEY

Typed Name

Typed Name

Typed Name

Secretary of State use only

g:\corporate\forms\cert of limited  
partnership.pmd Revised 09/2006

Web Form

IDAHO SECRETARY OF STATE  
02/23/2007 05:00  
CK: 1686 CT: 171497 BH: 1835432  
1 @ 100.00 = 100.00 LTD PTR DM # 2

L5820