



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2012 DEC 11 PM 4:17
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

CAB Ventures, LLLP

2. The mailing address of the principal office:

P.O. Box 51298, Idaho Falls, Idaho 83405

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

Cortney Liddiard 901 Pier View Dr Ste 201 Idaho Falls, ID

83402

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

Name _____

Address _____

See #6 below

(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):

Todd Wiles, Trust Officer of North Point Trust Company, as Administrative Trustee of the AB GT Trust created under AB Trust Agreement dated December 3, 2012, PO Box 1421, Rapid City, South Dakota, 57709-1421

7. Signature of all general partners:

Todd Wiles

Todd Wiles, Administrative Trustee

Typed Name _____

Typed Name _____

Typed Name _____

Typed Name _____

Secretary of State use only

9. Corporation Form 1001
Revised 09/2006
9.1corpform1001oflimited
partnership.pmd
Web Form

IDaho SECRETARY OF STATE
12/11/2012 05:00
CK: 3966 CT: 84162 BH: 1350978
1 @ 100.00 = 100.00 LTD PTR DM # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Le782