



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

09 OCT -5 AM 9:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

Bliss Family, LP

2. The mailing address of the principal office:

32 North Main Street, Castile, New York 14427

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

Incorp Services, Inc., 921 Orchard St., Ste. G, Boise, ID 83705

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

Name Address

Sara V. Bliss, 32 North Main Street, Castile, New York 14427

(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 dissolve on December 31, 2054, unless sooner terminated pursuant to the partnership agreement.

7. Signature of all general partners:

Sara V. Bliss

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

g:\corpforms\inform\cert of limited partnership.pmd Revised 08/2008

Web Form

IDAHO SECRETARY OF STATE  
10/05/2009 05:00  
CX: 1025 CT: 43546 DN: 1189752  
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