



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

09 MAY 15 PM 3:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

ASAP-LIQUIDATONS LLLP

2. The mailing address of the principal office:

508 W HALE ST, BOISE ID, 83706

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

Alvin D Alves 508 W HALE ST BOISE ID 83706. N/A

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

Name	Address
ALVIN D ALVES	508 W HALE ST, BOISE ID 83706
BILL ANDERSON	2009 S LATHA ST, BOISE ID 83705

(If more space is needed, continue in item 8.)

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):

EACH PARTNER HAS 50% OF ALL RESPONSIBILITIES CONCERNING THE BUSINESS. IF SOMETHING SHOULD HAPPEN TO THE OTHER PARTNER. IT IS THE EXISTING PARTNERS RESPONSIBILITY TO INSURE THAT THE FAMILY OF THE OTHER PARTNER IS TAKEN CARED OF ITS 50% OF THE BUSINESS PROFITS. ONLY TO THE AGREED DESCENDANT OR SIGNIFICANT OTHER BY THE TWO PARTNERS.

7. Signature of all general partners:

Alvin D Alves
Bill Anderson

ALVIN D ALVES
 Typed Name
 BILL ANDERSON
 Typed Name
 Typed Name
 Typed Name

Secretary of State use only

http://www.idaho.gov/secretaryofstate/partnership.pdf Revised 04/2006

Web Form

IDAHO SECRETARY OF STATE
05/15/2009 05:00
CK: 241659 CT: 172099 BN: 1170711
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