

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited	partnership:	OF IDAHO
-	Herbrand Family Limited Pa	rtnership	
2.	The mailing address of the	ne principal office:	
	64 Mt. Airy Drive, Rochester	, New YOrk 14617	
3.	The name and business	address of the registered ag	gent:
	Incorp Services, Inc., 921 O	rchard St., Ste G, Boise, ID 83705	5
4.	The name and mailing ad Name	ddress of each general partr <u>Address</u>	ner:
	John S. Herbrand, 64 Mt. Ai	ry Drive, Rochester, New York 14	617
	(If more space is needed, continu	e in item 6.)	
5. Մ	This limited partnership [you check that your partnership is a limited lia	☑ is not] [☐ is] a limited billy limited partnership, your partnership name	liability limited partnership. must end in LLLP or Limited Liability Limited Partnership.]
6.	Other matters (optional):		
	The Partnership shall dissove Partnership Agreement.	ed on December 31, 2054, Unless	sooner terminated pursuant to the
	. 110.0/		
7. 8	Signature of all general part	'	Secretary of State use only
		John S. Herbrand Typed Name	TRANS SECRETARY OF STATE
/ "		Typed Name Typed Name Typed Name Typed Name Typed Name	IDANO SECRETARY OF STATE 01/09/2009 05:00 CK: 978 CT: 45546 BH: 1151533 1 B 188.88 = 188.88 LTD PTR DN # 2
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