



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2014 JAN -2 AM 9:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

A.K. Hansen Family Limited Partnership

2. The mailing address of the principal office:

674 E 1550 N Shelley, Idaho 83274

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

Amanda K. Hansen, 674 E 1550 N Shelley, Idaho 83274

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

Name Address

Amanda K. Hansen, 674 E 1550 N Shelley, Idaho 83274

(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:

Amanda K. Hansen

Amanda K. Hansen

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

L6951

IDAHO SECRETARY OF STATE
01/02/2014 05:00
CK: MG CK # CT: 291211 BH: 1403977
1 @ 100.00 = 100.00 LTD PTR DM # 2

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Web Form