



CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

FILED EFFECTIVE
09 FEB 17 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

ALFS FAMILY PARTNERSHIP NO. 2, LP

2. The date its certificate of limited partnership was filed with the Secretary of State:

December 28, 2001

3. This limited partnership [☐ is] [☒ is not] a limited liability limited partnership.

4. The limited partnership having been dissolved and having completed the winding up of business hereby cancels its certificate of limited partnership.

5. Other matters (optional):

6. Signatures of all general partners or remaining limited partners:

Signature *Valerie A. McCarthy*
Typed Name Valerie Alfs McCarthy

Signature *Edward M. Alfs*
Typed Name Edward M. Alfs

Signature *Susan Alfs*
Typed Name Susan Alfs

Signature _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/17/2009 05:00
CK: 7271 CT: 2204 BH: 1157104
1 @ 30.00 = 30.00 CANCEL LP # 2

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Revised 07/2005

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