

FILED EFFECTIVE



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

07 SEP 11 AM 8:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

ESSWS LLLP

2. The mailing address of the principal office:

PO Box 1941 Eagle, ID 83616

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

Wayne Beckley 582 W. Water Grove Dr., Eagle, ID 83616

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

Name Address

The W4 Group, Inc. PO Box 1941 Eagle, ID 83616

(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:

Wayne Beckley

Typed Name  
Pres. The W4 Group, Inc.

Typed Name

Typed Name

Typed Name

Secretary of State use only

g:\comforms\iforms\cert of limited Partnership.pmd Revised 09/2006

Web Form

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09/11/2007 05:00  
CK: 10149 CT: 205200 BH: 1074987  
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