



CERTIFICATE OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 AUG -8 PM 4:39

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited partnership:

WILD HORSE RANCH PARTNERSHIP, LLLP

(Remember to include the words "Limited Partnership," or the abbreviation L.P.

(If the limited partnership is a professional entity (as indicated in #6) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The complete street and mailing addresses of the limited partnership's principal office:

1095 CALF PEN ROAD, COUNCIL, ID 83612

(Street Address)

(Mailing Address, if different)

3. Name and street address of the registered agent:

CASEY ANDERSON

1095 CALF PEN ROAD, COUNCIL, ID 83612

(Name)

(Address)

4. Names and street addresses of each general partner:

GEORGE C. HIXON

1095 CALF PEN ROAD, COUNCIL, ID 83612

(Name)

(Address)

JOSEPH M. HIXON

1095 CALF PEN ROAD, COUNCIL, ID 83612

(Name)

(Address)

(Name)

(Address)

5. ☒ This limited partnership 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. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)

7. Signatures of all general partners:

Printed Name: **GEORGE C. HIXON**

Signature: _____

Printed Name: **JOSEPH M. HIXON**

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2016 05:00

CK:33331 CT:20168 BH:1541052

1@ 30.00 = 30.00 CONVERSION #2

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STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the form in duplicate.

FILED EFFECTIVE

2016 AUG -8 PM 4:39

**SECRETARY OF STATE
STATE OF IDAHO**

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name: WILD HORSE RANCH PARTNERSHIP, LLP

Jurisdiction: IDAHO

Type: LIMITED LIABILITY PARTNERSHIP

(Corporation, Limited Liability Company, Limited Partnership, etc...)

☒ This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-405, Idaho Code.

☐ This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdiction of formation.

2. CONVERTED ENTITY:

Name: WILD HORSE RANCH PARTNERSHIP, LLLP

Jurisdiction: IDAHO

Type: LIMITED LIABILITY LIMITED PARTNERSHIP

(Corporation, Limited Liability Company, Limited Partnership, etc...)

a. If this is a **domestic** entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.

b. If this is a **foreign** entity please designate a registered agent in the space provided:

(Registered Agent Name)

(Address)

3. EFFECTIVE DATE OF CONVERSION:

☒ Effective upon filing

☐ On future date: _____
(Enter date – not more than 90 days in the future)

Printed Name: GEORGE C. HIXON

Capacity: PARTNER

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

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