



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

11 MAY -9 AM 9:19

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

GLAUBE, LP

2. The mailing address of the principal office:

5850 INDIAN WELLS CIR., IDAHO FALLS, ID 83401

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

ERIC ANDERSON 5850 INDIAN WELLS CIR., IDAHO FALLS, ID 83401

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

Name

Address

ERIC ANDERSON 5850 INDIAN WELLS CIR., IDAHO FALLS, ID 83401

ANGELA ANDERSON 5850 INDIAN WELLS CIR., IDAHO FALLS, ID 83401

(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:

*[Handwritten signatures of Eric Anderson and Angela Anderson]*

ERIC ANDERSON

Typed Name

ANGELA ANDERSON

Typed Name

Typed Name

Typed Name

Secretary of State use only

g:\comforms\inform\cert of limited partnership.pmd Revised 09/2006

Web Form

IDAHO SECRETARY OF STATE  
05/09/2011 05:00  
CK: 2600 CT: 171497 BH: 1272014  
1 @ 100.00 = 100.00 LTD PTR DN # 2

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