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CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2009 AUG 20 PM 1:59

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited partnership:

Leaf Ranch, LP

2. The mailing address of the principal office:

PO Box 671, Cascade, ID 83611

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

William E. Leaf, 908 Divet Cr., PO Box 671, Cascade, ID 83611

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

NameAddressWilliam E. LeafPO Box 671, Cascade, ID 83611Marie LeafPO Box 671, Cascade, ID 83611

(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:

William E. Leaf
Marie Leaf

William E. Leaf

Typed Name

Marie Leaf

Typed Name

Typed Name

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2009 05:00
CK: NONE CT: 196449 BH: 1183795
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partnership\pmsd Revised 08/20/09

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