

## AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

## FILED EFFECTIVE

2007 JAN 12 AM 9: 33

SECRETARY OF STATE STATE OF IDAHO

٦	The existing name of the	e limited partnership	) is:	
	Sherman L. and De	onna E. Akers Fam	ily Limited Part	nership
•	The date its certificate of	of limited partnershi	p was filed with th	
	e certificate of limited The name of the limite		nended and resta	ted to read:
2.	The name and business address of the registered agent are: Sherman L Akers/P.O. Box 2502 Pocatello, ID 33206			
3.	5898 Bannock Hwy., Pocatello, ID 83204 (Signature of new registered agent) The name and business address of each general partner are:			
	<u>Name</u>	<u>Address</u>		
	Sherman Akers	P.O. Box 2502	Pocatello ID	83206
	Donna Akers	P.O. Box 2502	Pocatello, ID	83206
		:		
4.	The latest date on whi	ich the partnership	will dissolve is: _J	anuary 10, 2017
5.	Other matters (options	al):		
6.	Signature of at least of	ne general partner	and all new genera	al partners:
		I Akons	(s)	Secretary of State use only
	Typed Name Sherman		Corp Vorms Vp. forms Vestabed_ Jp. p65 Revised08/2002	
	Signature Typed Name		brme Vestale ed092202	IDAHO SECRETARY OF STATE 01/12/2007 05:00
			Pvine CX	CK: 1413 CT: 208424 BH: 1025897 1 0 38.08 = 38.08 RESTAT LP # 2
			p Vorms	1 0200
	Typed Name			L 3357