

### When filed, mail to:

HOLD FOR PICKUP GCS Search Company, Inc. P.C. 302 N. First Ave. #440 Phoenix, AZ 85003

# CERTIFICATE OF LIMITED PARTNERSHIP OF DUNTON RANCH, L.P.

The undersigned does hereby certify as follows:

Kingman, Arizona 86401

- 1. THE NAME OF THE PARTNERSHIP IS:
  DUNTON RANCH, L.P.
- (a) THE OFFICE OF THE LIMITED PARTNERSHIP IS:
   119 East Andy Devine
- (b) <u>THE STATUTORY AGENT FOR THE LIMITED</u> PARTNERSHIP IS:

Name Address

W.A.S., INC., 1707 E. Highland, #190 en Arzona corporation Phoenix, Arizona 85016

# 3. THE NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER IS:

Name

Address

F ROCK, L.L.C., an Arizona limited liability company 119 East Andy Devine Kingman, Arizona 86401

- 4. THE LATEST DATE ON WHICH THE LIMITED PARTNERSHIP WILL DISSOLVE IS: December 31, 2050.
- 5. FILING REQUIREMENTS: CONFLICTS WITH PARTNERSHIP AGREEMENT: This Certificate shall be filed in the office of the Secretary of State pursuant to requirements set forth in the Uniform Limited Partnership Act of the State of Arizona. In the event of any conflict of inconsistency between the provisions of this Certificate of Limited Partnership and the provisions of the Agreement of Limited Partnership of Dunton Ranch, L.P., as may be amended, the provisions of the Agreement of Limited Partnership shall govern.

IN WITNESS WHEREOF, the undersigned general partner hereto has executed this Certificate of Limited Partnership this 18th day of May ..., 1998.

F ROCK, L.L.C., an Arizona limited liability company, general partner

By:

SCOTT ROY DUMON, Manager

#### CONSENT OF STATUTORY AGENT.

W.A.S., INC., an Arizona corporation, having been designated to act as statutory agent, hereby consents to act in that capacity until it is removed, or submits its resignation.

W.A.S., INC, an Arizona

corporation

By:

DOLLE A DIATTNER

Ĭts:

President

12020OCT 467



INSTRUCTIONS

use this form to AMEND a certificate.

## State of Arizona - Office of the Secretary of State All Limited Partnerships A.R.S. §§ 29-309 & 29-1103(H) Amendment to Certificate; Restatement SEND BY MAIL TO:

Secretary of State Michele Reagan, Atten: Limited Partnerships 1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, TUCSON - Arizona State Complex, 1700 W. Washington Street, 1st Fl., Room 103 400 W. Congress, 1st Fl., Suite 141 Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842. IN-PERSON ONLY - We accept major credit

cards and bank debit cards.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill

out this application online at www.azsos.gov and print it.

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

DO NOT WRITE IN THIS SPACE



FEB 2 7 2017 2015630

SOSBSPARTNERSHIPAMEND REV 3/12/2015

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When to use this form: Partnerships already registered with the office shall | Filing Fee and Payment: \$10, plus \$3 per page; ftitling by mail, make checks or money orders payable to the: Secretary of State; E.

\$10.90 Processing: 2-3 weeks; expedited service (24-48 hours) available for an additional \$25.

nline at w.L.D. BER. BASE

\$3.00

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original, one copy) with a self-addressed, stamped env Any other amendments not listed, please attach addition	website: All forms are avai	iable online at	CHEC		<b>\$13</b> -0		
1. PARTNERSHIP INFORMATION (As on your curr	ent certificate on file	with the Secretary of State)					
A. Name of Partnership ON FILE							
Where applicable end with "Limited Partnership" or "LP"	"Limited Liability Partne	ership" or "LLP"   "Limited Liabilit	y Limited Partn	ership" or	"LLLP"		
DUNTON RANCH LLP							
B. Secretary of State File Number				C. Date Certificate was Filed			
Registration Number:				Vionth	Day	Year	
2015630		-1-11-00-01-01-01-01-01-01-01-01-01-01-0		05	19	1998	
AMENDMENT INFORMATION - Check and fill in     A. Name Change: End with "Limited Partnership" or "LP"					as follo	ws:	
☐ B. Office Address Change:				State			
Former Mailing Address (P.O. Box or C/O are unacceptable)		City			Zip C	Zip Code	
New Mailing Address (P.O. Box or C/O are unacceptable)		City			Zip C	Zip Code	
C. Other					. 1		
D. General Partner(s) Amendments							
Admission: Name of NEW General Partner	Signature of General F	'artner		Date admitted as General Partner / /			
Mailing Address		City		State	Zip C	ode	
Admission: Name of NEW General Partner	Signature of General F	'artner		Date admitted as General Partner			
Mailing Address		City		State	Zip C	Code	
☐ Withdrawal: Name(s) of FORMER General Partner(s)				Date ended as General Partner(s) / /			
E. Agent for Service of Process Change A	gent for Service of P	rocess Address Change 🖃	Agent for Se	rvice of F	rocess	Phone Change	
Agent for service of process SCOTT DUNTON	Phone number (include area code) optional (928 ) 753-5018				de) optional		
Address of agent (P.O. Box or C/O are unacceptable) 1880 FRANKLIN DRIVE		City KINGMAN	State Zip Code AZ 86401				
3. GENERAL PARTNER(S) - Signature(s)							
Current General Partner (Printed) SCOTT DUNTON		Current General Partner (Printed)					
1 <sup>st</sup> Signer's Signature	Date 02/20/2017	2 <sup>nd</sup> Signer's Signature Date					