



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

2018 JAN -4 AM 11:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Parkway 43 Townhomes Limited Partnership

(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:

802 W. Bannock St., Ste 204, Boise, ID 83702

(Street Address)

P.O. Box 50111, Boise, ID 83705

(Mailing Address, if different)

3. Name and street address of the registered agent:

Bryan W. Aydelotte

3846 N. Arches Way, Meridian, ID 83646

(Name)

(Address)

4. Names and street addresses of each general partner:

Parkway 43 GP, LLC

802 W. Bannock St., Ste 204, Boise, ID 83702

(Name)

(Address)

(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 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: Parkway 43 GP, LLC

By: Infection Development, LLC, Manager

Signature: _____

Bill Trout, Manager

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/04/2018 05:00

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