



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**  
2012 NOV -9 AM 9:13  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

WATS, LLLP

2. The mailing address of the principal office:

P.O. Box 1896, Idaho Falls, Idaho 83403-1896

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

Stafford L. Smith, 2720 Coronado Circle, Idaho Falls, Idaho 83404

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

Name

Address

Stafford L. Smith 2720 Coronado Circle, Idaho Falls, ID 83404

Shelly Smith, 2720 Coronado Circle, Idaho Falls, ID 83404

(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:

*Stafford L. Smith*  
*Shelly Smith*

Stafford L. Smith

Typed Name

Shelly Smith

Typed Name

Typed Name

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/09/2012 05:00  
CK: 56738 CT: 2034 BH: 1347164  
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partnership.pmd Revised 09/2006

Web Form

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