



# CERTIFICATE OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

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1. The name of the limited partnership:

**Blaine Manor Senior, LP**

Remember to include the words "Limited Partnership," or the abbreviation "L.P." in the name. If the limited partnership is a professional entity (as indicated in item 6 below), the name must 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

**160 E. 2nd Street, Ketchum, ID 83340**

(Street Address)

**P.O. Box 1292, Ketchum, ID 83340**

(Mailing Address, if different)

3. Name and street address of the registered agent:

**Michelle Griffith**

(Name)

**160 E. 2nd Street, Ketchum, ID 83340**

(Address)

4. Names and street addresses of each general partner:

**BM Senior, LLC**

(Name)

**160 E. 2nd Street, Ketchum, ID 83340**

(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. (see instructions for a list of permitted professions)\*

7. Signatures of all general partners:

Printed Name: **Michelle Griffith, Executive Director of GP Manager**

Signature: *Michelle Griffith*

Printed Name: **Kathryn Almberg, Director of GP Manager**

Signature: *Kathryn Almberg*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only