



# 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**  
2017 FEB 28 PM 12:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

**K.G. Smith LLLP**

(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:

**616 N. 3rd Street, Suite 103, McCall, ID 83638**

(Street Address)

**P.O. Box 4210, McCall, ID 83638**

(Mailing Address, if different)

3. Name and street address of the registered agent:

**Kirk G. Smith**

**616 N. 3rd Street, Suite 103, McCall, ID 83638**

(Name)

(Address)

4. Names and street addresses of each general partner:

**SSI Management Corporation**

**P.O. Box 4210, McCall, ID 83638**

(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: **SSI Management Corporation**

Signature: Kirk G. Smith

Printed Name: **By Kirk G. Smith, President**

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/28/2017 05:00

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