



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
08 OCT 10 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

HOME FINANCIAL LIMITED PARTNERSHIP

2. The mailing address of the principal office:

329 S WOODRUFF IDAHO FALLS ID 83401

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

B NICOLE PACKER 329 S Woodruff Idaho Falls ID 83401

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

Name Address

B NICOLE PACKER 329 S WOODRUFF IDAHO FALLS ID 83401

(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:

B. Nicole Packer

B NICOLE PACKER

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2008 05:00
CK: 1277 CT: 210142 BH: 1139681
1 @ 100.00 = 100.00 LTD PTR DN # 2

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partnership.pmd Revised 09/2006

Web Form

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