

## CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

09 FEB 18 AM 9: 23

SECRETARY OF STATE STATE OF IDAHO FILED EFFECTIVE

1.	The name of the limited partnership:				
	22 PINES LLLP			<u> </u>	ECTIV
2.	The mailing address of the principal office:				
	P.O. BOX 1391, POCATELLO, ID 83204				
3.	The name and business address of the registered agent:				
	ERIC L. OLSEN, 201 E. CENTER STREET, POCATELLO, ID 83201				
4.	The name and mailing address of each general partner:  Name  Address				
	ERIC L. OLSEN P.O. BOX 1391, POCATELLO, ID 83204				<u></u>
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5.	I his limited partnershi I you check that your partnership <b>ia</b> a limite	P [ ∐ IS NOT ] [ Ѽ IS ] ed liability limited partnership, your i	A <b>   Imited    a</b>   partnership name <b>must</b>	<b>bility limited partnership</b> Lend in LLLP or Limited Liability Limited Pa	artnership.}
6.	Other matters (options	al):			
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7. 🕻	Signature of all deneral p		, ,	Secretary of State use only	
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Typed Name