



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2012 DEC 10 AM 9:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:
 Nez Perce Limited Partnership #4
2. The mailing address of the principal office:
 Veterans Drive, P.O. Box 188, Lapwai, Idaho 83540
3. The name and business address of the registered agent:
 Laurie Ann Cloud, Veterans Drive, P.O. Box 188, Lapwai, Idaho 83540
4. The name and mailing address of each general partner:

<u>Name</u>	<u>Address</u>
Nez Perce Tribal Housing Authority,	Veterans Drive, P.O. Box 188, Lapwai, Idaho 83540

(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:

<u>L. Cloud</u>	Laurie Ann Cloud
_____	Typed Name
_____	Typed Name
_____	Typed Name
_____	Typed Name

Secretary of State use only

g:\corpforms\partnership\cert of limited partnership.pmd Revised 09/2006

Web Form

IDAHO SECRETARY OF STATE
 12/10/2012 05:00
 CK: 141522 CT: 126972 RH: 1350729
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