

FILED EFFECTIVE



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2014 JAN 29 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Trailwinds Limited Partnership

2. The mailing address of the principal office:

309 E. Lake Street Suite 1 McCall, ID 83638

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

Kathleen F. Roma CPA PLLC 1045 S. Ancona Ave. Suite 150 Eagle, ID 83616

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

Name

Address

Trailwinds Associates, LLC

309 E. Lake Street Suite 1 McCall, ID 83638

(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:

Chance Hobbs (manager)

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
01/29/2014 05:00
CK: 1345 CT: 277768 BH: 1488218
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Web Form

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