



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

2015 APR 16 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

TORNGREN INVESTMENTS LIMITED PARTNERSHIP

2. The mailing address of the principal office:

2986 N 55TH E, IDAHO FALLS, ID 83401

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

WILLIAM TORNGREN 2986 N 55TH E, IDAHO FALLS, ID 83401

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

Name

Address

WILLIAM TORNGREN

2986 N 55TH E, IDAHO FALLS, ID 83401

DARLA HILL

5319 E LINCOLN RD, IDAHO FALLS, ID 83401

BETTY STEFFLER

5390 E LINCOLN RD, IDAHO FALLS, ID 83401

TRISHA ROBINETTE

4650 AVRICK RD SE, PORT ORCHARD, WA 98366

(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):

ROYLENE SCHNEBLY

2487 S 550 E, BOUNTIFUL, UT 84010

7. Signature of all general partners:

*William Torngren*

WILLIAM TORNGREN

*Darla Hill*

Typed Name  
DARLA HILL

*Betty Steffler*

Typed Name  
BETTY STEFFLER

*Trisha Robinette*

Typed Name  
TRISHA ROBINETTE

*Roylene Schnebly*

Typed Name  
ROYLENE SCHNEBLY

Secretary of State use only

IDAHO SECRETARY OF STATE

04/16/2015 05:00

CK:368991 CT:309078 BH:1471260  
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partnership.pmd Revised 09/2006

Web Form