

FILED FFFECTIVE
10 AUG 31 PM 4: 06 STATE OF IDAHO

LIMITED PARTNERSHIP (Instructions on back of application)

CERTIFICATE OF

	The name of the limited pa	nrtnership:	
2.	The mailing address of the	principal office:	
	2550 North Bobcat Way, Merid	dian, Idaho 83646	
.	The name and business ad	ddress of the registered agent:	
	Patricia K. Harris, 2550 North E	Bobcat Way, Meridian, Idaho 83646	
	The name and mailing add	ress of each general partner: Address	
	Patricia K. Harris	2550 North Bobcat Way, Meridian, Idaho 83646	
	(If more space is needed, continue in	n item 6.)	
(I	(if you check that your partnership is a limited liability	n item 6.) I is not] [is] a limited liability limited partnership. y limited partnership, your partnership name <u>must</u> end in LLLP or Limited Liability Limited Partners	hip.]
Û	This limited partnership [is not] [[is] a limited liability limited partnership.	hip.]
Û	This limited partnership [is not] [[is] a limited liability limited partnership.	hip.]
Û	This limited partnership [is not] [[is] a limited liability limited partnership.	hip.]
r	This limited partnership [[2] (If you check that your partnership is a limited liability Other matters (optional): Signature of all general partne	I is not] [is] a limited liability limited partnership. y limited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnersh ers:	hip.]
r	This limited partnership [If you check that your partnership is a limited liability Other matters (optional):	I is not] [is] a limited liability limited partnership. y limited partnership, your partnership name must end in LLLP or Limited Liability Limited Partnersh Patricia K. Harris I is] a limited liability limited partnership. Secretary of State use only	hip.]
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