



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

08 DEC -3 AM 8:10

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited partnership:

Kimberly LP

2. The mailing address of the principal office:

1431 North Fillmore Street Suite 100, Twin Falls Idaho 83301

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

Troy Williams, 1431 North Fillmore Street Suite 100, Twin Falls Idaho 83301

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

Name

Address

Braces "R" Us Orthodontics 1431 North Fillmore Street Suite 100, Twin Falls Idaho 83301

(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:

Braces "R" Us Orthodontics
Troy Williams

Braces "R" Us Orthodontics
Troy Williams

Typed Name

Typed Name

Typed Name

Typed Name

Secretary of State use only

g:\scor\forms\partnership\cert of limited partnership.pmd Revised 08/2006

IDAHO SECRETARY OF STATE
12/03/2008 05:00
CK: 2924 CT: 200064 BH: 1146726
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