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CERTIFICATE OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.**FILED EFFECTIVE**

2015 OCT -2 PM 4:03

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited partnership:**William L Nay and David Chase L.P.**

(Remember to include the words "Limited Partnership," or the abbreviation L.P.)

(If the limited partnership is a professional entity (as indicated in #6) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

2. The complete street and mailing addresses of the limited partnership's principal office:

209 South Main (Street Address)	Paris (City)	ID 83261 (State) (Zipcode)
P O Box 250 (Mailing Address, if different)	Paris (City)	ID 83261 (State) (Zipcode)

3. Name and street address of the registered agent:

William L Nay (Name)	209 South Main (Address)	Paris (City)	ID 83261 (State) (Zipcode)
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4. Names and street addresses of each general partner:

William L Nay (Name)	209 South Main (Address)	Paris (City)	ID 83261 (State) (Zipcode)
David Chase (Name)	209 South Main (Address)	Paris (City)	ID 83261 (State) (Zipcode)

5. This limited partnership is a **limited liability** limited partnership.(If you check that your partnership is a limited liability limited partnership, your partnership name must end in LLP or Limited Liability Limited Partnership.)6. By entering one of the professions permitted by 30-21-901(b), Idaho Code, in the space below, and by filing this document with the Secretary of State, the partnership agrees that it is duly licensed or otherwise legally authorized to render the selected professional service, and that it is a professional limited liability partnership.

(If applicable, enter one of the permitted professional services here. *Check instructions for list of permitted professions)

7. Signatures of all general partners:Printed Name: William L NaySignature: William L NayPrinted Name: David ChaseSignature: David Chase

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/02/2015 05:00

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