



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

08 NOV -6 PM 4:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Collective Vision, LP

2. The mailing address of the principal office:

1036 E. Iron Eagle Dr., Ste. 105, Eagle ID 83616

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

Idaho Estate Planning, P.C., 1036 E. Iron Eagle Dr., Ste. 105, Eagle ID 83616

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

Name

Address

BV Management, LLC

2116 Parkside Dr., Boise, ID 83712

(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:

Harold Robert Howard

BV Management, LLC

Typed Name

Harold Robert Howard

Typed Name

Manager

Typed Name

Typed Name

Secretary of State use only

L 6185

IDAHO SECRETARY OF STATE

11/06/2008 05:00

CK: 5462 CT: 188203 BH: 1143463

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partnership.pmd Revised 09/2006

Web Form