

Printed Name: _____

Signature:

CERTIFICATE OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

2017 SEP - 1 AM 11: 07

L7367

1.	The name of the limited partnership:		STATE OF IDAHO
••	SMB Kitchen Family Investments LLLP (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:		
	569 Smithwick Road, Twin Falls, Idaho 83301		
	(Street Address)		
	(Mailing Address, if different)		
3.	Name and street address of the registered agent:		
	Stephen H. Telford	208 12th Avenu	ue Road, Nampa, Idaho 83686
	(Name)	(Address)	
4.	Names and street addresses of each general partner:		
	Shannon Kitchen	569 Smithwick	Road, Twin Falls, Idaho 83301
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
5.			Ship. lership name <u>must</u> end in LELP 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 s	permitted professional services here.	. *Check instructions for list of permitted professions)
7.	Signatures of all general partners:		
Pri	inted Name: Shanon Kitchen	1	
	Dana 121	1/0/2 0	Secretary of State use only
Sig	gnature: Y WY I/W/ [X	f () ()	IDAHO SECRETARY OF STATE
Printed Name:			09/01/2017 05:00 CK:1494 CT:278247 BH:1600951
			16 108.00 = 100.00 LTD PTR DM #2

Rev. 08/2015