



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

2016 MAR -1 PM 2:48

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited partnership:

L&H F 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:

208 12th Avenue Road

Nampa

ID 83686

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. Name and street address of the registered agent:

Stephen H. Telford

208 12th Avenue Road Nampa

ID 83686

(Name)

(Address)

(City)

(State)

(Zipcode)

4. Names and street addresses of each general partner:

L&H F Family Management LLC

208 12th Avenue Road Nampa

ID 83686

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(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 L.L.P. 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: **J. Leigh Friedman, Manager of GP**

Signature: *[Signature]*

Printed Name: **Holly Friedman, Manager of GP**

Signature: *[Signature]*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/01/2016 05:00

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