



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

07 NOV 19 AM 9:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

Motel West - An Idaho Limited Partnership

2. The mailing address of the principal office:

1540 W Broadway Idaho Falls, ID 83402

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

Raelene Toulouse 1540 W Broadway Idaho Falls, ID 83402

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

Name Address

Ray Bird 427 Troy Ave Idaho Falls, ID 83402

Sandra Cherry 3466 Francesca Idaho Falls, ID 83402

Raelene Toulouse P.O. Box 257 Moreland, ID 83256

(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:

	Ray Bird
	Typed Name Sandra Cherry
	Typed Name Raelene Toulouse
_____	Typed Name
_____	Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/19/2007 05:00  
CK: 3595 CT: 219691 BH: 1085958  
1 @ 100.00 = 100.00 LTD PTR DM # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

id-corp/Forms/Informal/cert of limited partnership.pmd Revised 09/2006

Web Form

L5972