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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 AUG 27 AM 11:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

**HOMEDALE PACIFIC ASSOCIATES, AN IDAHO LIMITED PARTNERSHIP**

(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:

**430 E STATE ST STE 100****EAGLE****ID 83616**

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. Name and street address of the registered agent:

**CALEB ROOPE****430 E STATE ST STE 100 EAGLE****ID 83616**

(Name)

(Address)

(City)

(State)

(Zipcode)

4. Names and street addresses of each general partner:

**TPC HOLDINGS V, LLC 430 E STATE ST STE 100 EAGLE****ID 83616**

(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: **CALEB ROOPE, MANAGER**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev 07/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

08/27/2015 05:00

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