



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

2014 APR 24 AM 9:09

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

CAL Fund I, LP

2. The mailing address of the principal office:

439 E. Shore Drive STE 100 Eagle, ID 83616

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

CAL Fund, LLC 439 E. Shore Drive STE 100 Eagle, ID 83616

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

Name Address

CAL Fund, LLC 439 E. Shore Drive STE 100 Eagle, ID 83616

(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:

	Travis Hawkes for
_____	Typed Name
_____	CAL Fund, LLC
_____	Typed Name
_____	Typed Name
_____	Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/24/2014 05:00

CK:1003 CT:275744 BH:1421767

1@ 100.00 = 100.00 LTD PTR DM #2

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Web Form

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