



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

11 MAR -9 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

FINNEY FAMILY PARTNERSHIP LLLP

2. The mailing address of the principal office:

17025 S Asbury Road, Harrison, ID 83833

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

Paul J. Finney, 17025 S Asbury Road, Harrison, ID 83833

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

Name

Address

Paul J. Finney, Trustee, or his successor, PAUL AND SUSAN FINNEY REVOCABLE INTER

VIVOS TRUST, 17025 S Asbury Road, Harrison, ID 83833

Susan M. Finney, Trustee, or hersuccessor, PAUL AND SUSAN FINNEY REVOCABLE INTER

VIVOS TRUST, 17025 S Asbury Road, Harrison, ID 83833

(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:

Paul J. Finney
Susan M. Finney

Paul J. Finney, Trustee

Typed Name

Susan M. Finney, Trustee

Typed Name

Typed Name

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
03/09/2011 05:00
CK: 8154 CT: 103679 BH: 1263431
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partnership.pmd Revised 09/2008

Web Form

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