



# CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2014 SEP 26 AM 8:53

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership:

Quill Family Partnership, L.P.

2. The mailing address of the principal office:

P.O. Box 383, Sagle, ID 83860

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

Martin Quill, 3753 Bottle Bay Road, Sagle, ID 83860

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

<u>Name</u>	<u>Address</u>
Martin Quill	P.O. Box 383, Sagle, ID 83860
Karen Quill	P.O. Box 383, Sagle ID 83860

(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:

*Martin Quill*  
*Karen Quill*

Martin Quill
Typed Name
Karen Quill
Typed Name
Typed Name
Typed Name

SECRETARY OF STATE  
 09/26/2014 05:00  
 CK:42796 CT:12757 BH:1442973  
 I@ 100.00 = 100.00 LTD PTR DM #2

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Web Form