



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2007 MAY -2 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Andrews and Gomm Limited Partnership

2. The mailing address of the principal office:

674 E 1550 N Shelley, ID 83274

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

Kevin Andrews 674 E 1550 N, Shelley, ID 83274

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

Name

Address

Ben Gomm 520 E 1500 N Shelley, ID 83274

Kevin Andrews 674 E 1550 N Shelley, ID 83274

(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:

[Signature of Ben Gomm]

BEN GOMM

Typed Name

Kevin Andrews

Typed Name

Typed Name

Typed Name

Secretary of State use only

9:30am/05/02/2007/05:00
partnership.jmd Revised 09/2006

Web Form

IDAHO SECRETARY OF STATE
05/02/2007 05:00
CK: 1001 CT: 212881 BH: 1050996
1 @ 100.00 = 100.00 LTD PTR DM # 2

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