



CERTIFICATE OF LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in **duplicate**.

2017 DEC 14 PM 4:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Reinstein Properties LLLP

(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:

960 Broadway, Suite 415, Boise, Idaho 83706

(Street Address)

(Mailing Address, if different)

3. Name and street address of the registered agent:

Dennis R. Reinstein

960 Broadway, Suite 415, Boise, Idaho 83706

(Name)

(Address)

4. Names and street addresses of each general partner:

Diane E. Reinstein, Trustee of the

Arthur R. and Diane E. Reinstein Family Trust

(Name)

(Address)

800 Stanley Blvd. # 210, Livermore, California 94550

(Name)

(Address)

(Name)

(Address)

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 LLLP 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 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: **Diane E. Reinstein, Trustee**

Signature: *Diane E. Reinstein*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/14/2017 05:00

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