

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)



10 APR 23 PM 12: 42

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited partnership:			٠.
	Reeve Family LP			
2.	The mailing address of the principal office:			
	2319 N. Emeraid Bay, Eagle, ID 83616			
3.	The name and business address of the registered agent:			
	Thomas C. Morris, Esq. 1401 Shoreline Dr., Suite 2, Boise, ID 83702			
4.	The name and mailing address of each general partner: Name Address			
	Thomas Varney Reeve III	2319 N. Emerald Bay, E	Eagle, ID 83616	
	Kamala S. Reeve 2319 N. Emerald Bay, Eagle, ID 83616			
		-		
			•	
	(If more space is needed, continu	·		
5. (#	This limited partnership [f you check that your partnership <u>la</u> a limited lia	U is not] [니 is] a lir bility limited partnership, your partners	mited liability limited partnership. ship name <u>must</u> end in LLLP or Limited Liability Limited Partne	rship.]
6 .	Other matters (optional):			
	·			
7 0	Signature of all general part	nere:		
1. 0	Tames V. Rule T	Thomas Varney Reeve III	Secretary of State use only	
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-	frankra 1	Kamala S. Reeve Typed Name	een of fire evised Ob	
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		Typed Name	DOCK DOCK	M: 1219882 PTR M #

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