



CERTIFICATE OF LIMITED PARTNERSHIP -FILED-

Title 30, Chapters 21 and 24, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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1. The name of the limited partnership:

KEA Holdings LLLP

Remember to include the words "Limited Partnership," or the abbreviation "L.P." in the name. If the limited partnership is a professional entity (as indicated in item 6 below), the name must 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

1580 W. Cayuse Creek Drive, Suite 100, Meridian, Idaho 83646

(Street Address)

P.O. Box 7156, Boise, Idaho 83707

(Mailing Address, if different)

3. Name and street address of the registered agent:

Gregory A. Byron

(Name)

3101 W. Main Street, Suite 200, Boise, Idaho 83702

(Address)

4. Names and street addresses of each general partner:

Kevin F. Amar

(Name)

1580 W. Cayuse Creek Drive, Suite 100, Meridian, Idaho 83646

(Address)

Elizabeth B. Amar

(Name)

1580 W. Cayuse Creek Drive, Suite 100, Meridian, Idaho 83646

(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. (see instructions for a list of permitted professions)*

7. Signatures of all general partners:

Printed Name: **Kevin F. Amar**

Signature: _____

Printed Name: **Elizabeth B. Amar**

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only