



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

09 OCT -9 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

Kale's LLP

2. The mailing address of the principal office:

5001 E. Fescue Dr. Boise, ID 83716

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

Jacob Wright 5001 E. Fescue Dr. Boise, ID 83716

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

Name

Address

Wright Management, Inc 5001 E. Fescue Dr. Boise, ID 83716

(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 LLP or Limited Liability Limited Partnership.)

6. Other matters (optional):

7. Signature of all general partners:

Jacob Wright
Jacob Wright

Wright Management, Inc

Typed Name

President

Typed Name

Typed Name

Typed Name

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/09/2009 05:00
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