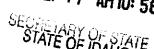
Printed Name: Candate Breadbent

FILED EFFECTIVE

2015 SEP 17 AM 10: 56





CERTIFICATE OF Page 1 of 2 LIMITED PARTNERSHIP

Title 30, Chapters 21 and 24, Idaho Code Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

complete and sup	mit the application in <u>dublicate</u> .						
1. The name of the limited partnersh	•						
Christensen Siste (Remember to include the words "Limited (If the limited partnership is a <u>professions</u> letter "P" at the beginning of any of the pr	d Partnership," or the abbreviation L.P.	he word "professional" before	the word "lin	filed," or the			
2. The complete street and mailing a	The complete street and mailing addresses of the limited partnership's principal office:						
1026 Summit Ave.	Wa	shington	NC 2	27889			
(Street Address)		(City)	(State)	(Zipcode)			
(Mailing Address, if different)		(City)	(State)	(Zipcode)			
3. Name and street address of the re	Name and street address of the registered agent:						
Harlow J. McNamara	2105 Coronado St.	Idaho Falls	ID 8	3404			
(Name)	(Address)	(City)	(State)	(Zipcode)			
4. Names and street addresses of e	each general partner:						
Ambie C. Wilson	1026 Summit Ave.	Washingtor	n NC S	27889			
(Name)	(Address)	(City)	(State)	(Zipcode)			
Crystal Whitmill	32 Alpine Pl.	Longmont	CO 8	30504			
(Name)	(Address)	(City)	(State)	(Zipcode)			
Candace Broadben	nt 756 Sand Mesa Rd.	Riverton	WY 8	32501			
(Name)	(Address)	(City)	(State)	(Zipcode)			
This limited partnership is a I	limited liability limited partnership. imited Gability limited partnership, your partnership name m	mai cari la 1118 a 1 sulta 165 a 10.					
 By entering one of the professions with the Secretary of State, the part selected professional service, and 	permitted by 30-21-901(b), Idaho Code, nership agrees that it is duly licensed or o that it is a professional limited liability par	In the space below, and Itherwise legally authoria Inership.	by filing thi zed to rend	is document			
(If applicable, enter one of the	e permitted professional services here. *Check instr	uctions for list of permitted pro	ofessions)				
 Signatures of all general partners: 	:						
rinted Name: Ambie C. Wilson		Complete Filter					
Signature: Ambie C1	Wilson	Secretary of State use	e anly				
Printed Name: Crystal Whitmill							
Signature: Crauda ()	Dintille						

Rev. 07/2015

1DAHO SECRETARY OF STATE 09/17/2015 05:00

CK:3213280 CT:172099 BH:1492706 10 100.00 = 100.00 LTD PTR DM #2 10 20.00 = 20.00 EXPEDITE C #3

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CERTIFICATE OF Page 2 of 2 **LIMITED PARTNERSHIP**

Title 30, Chapters 21 and 24, Idaho Code

6		Base Filing fee: \$1	100.00			
			mit the application in <u>duplicate</u> .			
	Christe	the limited partnershi	_{lp:} rs LLLP			
	(If the limited p	artnership is a professiona	Partnership," or the abbreviation L.P. Lentity (as Indicated in #6) the name may inclu	de the word "professional" before	the word "II	mited." or the
-	least P at the	peginning of any of the pe	ermitted abbreviations.)			
. The	1026 Su	complete street and mailing addresses of the limited partnership's principal office: Washington				27889
{	(Street Address)			(City)	NC (State)	(Zipcode)
(Mailing Address	s, if different)		(City)	(State)	(Zipcode)
	Name and si	treet address of the re	egistered agent:			
		. McNamara	2105 Coronado St	_ Idaho Falls	ID 8	33404
	(Name)		(Address)	(City)	(State)	(Zipcode)
	Names and :	street addresses of ea	ach deneral pariner:			
			Cir		<u></u>	
	Diane E	seanm	3974 Milestone	Idaho Falls	<u> ID</u>	<u>83406</u>
	()		(Address)	(City)	(State)	(Zipcode)
_	(Name)					
,	(1401100)		(Address)	(City)	(State)	(Zipcode)
-	(Name)					
			(Address)	(City)	(State)	(Zipcode)
2	This lim	ited partnership is a li	imited liability limited partnership. nited liability limited partnership, your partnership nam	as a succession of the Control of th		
W	iui une Secrei	tary of State, the partn	permitted by 30-21-901(b), Idaho Coo nership agrees that it is duly licensed of that it is a professional limited liability	or otherwise lengtly authoris	by filing the	his document ider the
_		•	-	•		
			permitted professional services here. *Check	instructions for list of permitted pro	ilessions)	
		f all general partners:				
inte	ed Name: Di	ane Beahm				
		rane Be	ahm.	Secretary of State use	ı anly	
inte	d Name:	<u> </u>				
gna	iture:					
nte	ed Name:					
ıпа	iture:					
		- 	Rev. 07/2015			

2 of 2