3.0

FILED EFFECTIVE

CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2006 DEC -7 PM 12:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership:

TSRF, L.L.L.P.

2. The mailing address of the principle office:

2635 CHANNING WAY IDAHO FALLS ID 83404

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

BRIAN L. BOYLE 2635 Channing Way Idaho Falls ID 83404

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

Name	Address
SHELLIE ROISUM	7955 S. BLACKHAWK DR. IDAHO FALLS, ID 83406
TONY ROISUM	7955 S. BLACKHAWK DR. IDAHO FALLS, ID 83406

(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 LLLP or Limited Liability Limited Partnership.]

6. Other matters (optional):

7. Signature of all general partners:

Shellie Roisum — SHELLIE ROISUM (Typed Name)

T Roisum — TONY ROISUM (Typed Name)

_____ (Typed Name)

_____ (Typed Name)

Secretary of State use only

IDAHO SECRETARY OF STATE
12/07/2006 05:00
CK: 42142 CT: 121759 BH: 1018172
1 @ 100.00 = 100.00 LTD PTR DM # 2

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Web Form

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