



## **CERTIFICATE OF LIMITED PARTNERSHIP**

Title 30, Chapters 21 and 24, Idaho Code

Signature:

Revised 01/2019

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

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1.	The name of the limited partnership:			
	a <u>professional entity</u> (as		on "L.P." in the name. If the limited partnership is include the word "Professional" before the word eviations.	
2.	The complete street and mailing addresses of the limited partnership's principal offic			
	(Street Address)			
	(Mailing Address, if different)			
3.	Name and street address of the registered agent:			
	(Name)	(Address)		
4.	Names and street addresses of each general partner:			
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	This limited partnership is a <b>limited liability</b> 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 p	partners:		
Pri	nted Name:			
			Secretary of State use only	
Pri	nted Name:			
Pri	nted Name:			



## **INSTRUCTIONS**

Provide contact information where can you be reached:				
Phone Number	Email Address			

**Item 1.** Enter the name of the limited partnership. Pursuant to Idaho Code § 30-24-301 and 302(b), the name of the limited partnership must contain the words limited partnership or the abbreviation L.P. or LP.

Also see Item 5 below regarding the name of the partnership.

It is advised that you contact the Secretary of State's office to check for name availability before filing.

- **Item 2.** Enter the street and mailing addresses of the principle office of the limited partnership.
- **Item 3.** Enter the name and street address of the registered agent of the limited partnership. A registered agent is the person designated to receive service of process upon litigation. This person <u>must</u> be located in Idaho at a physical street address.
- Item 4. Enter the name and mailing address of each general partner.
- Item 5. Check the box to indicate that your 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.
- **Item 6.** If the limited partnership elects to be a professional limited partnership they do so by selecting one of the following qualifed professions:
  - \* 30-21-901(b), Idaho Code For the purpose of this act, the professions shall include the practices of: architecture, chiropractic, dentistry, engineering, landscape architecture, law, medicine, nursing, occupational therapy, optometry, physical therapy, podiatry, professional geology, psychology, certified or licensed public accountancy, social work, surveying, veterinary medicine, *and no others*.
- **Item 7.** The certificate of limited partnership form must be signed by **all** general partners. Please identify the name of the signer by typing his or her name in the space provided.

Note: The Secretary of State will not accept partnership agreements for filing.

Enclose the appropriate fee (make checks payable to Idaho Secretary of State):

- a. The fee is \$120.00 (includes additional \$20.00 for a non-electronic form for manual entry).
- b. If expedited service is requested, add an additional \$40.00 to the filing fee.
- c. If 'same day' service is requested, add \$100.00 to the filing fee.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's office may delete a business entity filing from the database if payment for the filing is not completed.

Mail or deliver to: Office of the Secretary of State

450 N 4th Street PO Box 83720 Boise, ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.