



State of California Secretary of State

Form LP-1

CERTIFICATE OF LIMITED PARTNERSHIP

IMPORTANT-- Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Section 15621 California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS IN ANOTHER STATE

CITY

ZIP CODE

CA

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.

THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ 19 _____ WITH THE RECORDER OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)

A. NAME:

C. NAME:

ADDRESS:

ADDRESS:

CITY: STATE: ZIP CODE:

CITY: STATE: ZIP CODE:

B. NAME:

D. NAME:

ADDRESS:

ADDRESS:

CITY: STATE: ZIP CODE:

CITY: STATE: ZIP CODE:

6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:

NAME:

CITY: STATE: CA ZIP CODE:

ADDRESS:

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES ANY BY REFERENCE HEREIN ARE A PART OF THIS CERTIFICATE.

NUMBER OF PAGES ATTACHED:

8. INDICATE THE NUMBER OF GENERAL PARTNERS SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, DISSOLUTION, CONTINUATION AND CANCELLATION AND MERGER.

NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE:

(PLEASE INDICATE NUMBER ONLY)

9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTIONS)

SIGNATURE

SIGNATURE

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

SIGNATURE

SIGNATURE

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

THIS SPACE FOR FILING OFFICER USE

10. RETURN ACKNOWLEDGEMENT TO:

NAME

ADDRESS

CITY

STATE

ZIP CODE