

EXHIBIT L



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

French Laundry Partners, L.P.

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE

6629 Jefferson Street Yountville, California 94599

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS AN 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: French Laundry Restaurant Corporation
ADDRESS: 6629 Jefferson Street
CITY: Yountville STATE: CA ZIP CODE: 94599

C. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

B. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

D. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

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

NAME: Robert J. Sutcliffe, Esquire
ADDRESS: 601 South Figueroa Street

CITY: Los Angeles STATE: CA ZIP CODE: 90017

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED BE NOTED ON SEPARATE PAGES AND 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.

NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE: 1

(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)

French Laundry Restaurant Corporation

By: Thomas A. Keller
SIGNATURE THOMAS A. KELLER
President 2/28/94
POSITION OR TITLE DATE

SIGNATURE
POSITION OR TITLE DATE

SIGNATURE
POSITION OR TITLE DATE

SIGNATURE
POSITION OR TITLE DATE

10. RETURN ACKNOWLEDGEMENT TO:

NAME [Robert J. Sutcliffe, Esquire]
ADDRESS [601 South Figueroa Street]
CITY [48th floor]
STATE [Los Angeles, California] ZIP CODE [90017]

THIS SPACE FOR FILING OFFICER USE

94 061 00039

FILED
In the office of the Secretary of State
of the State of California

MAR 02 1994

TONY MILLER
Acting Secretary of State

By: Jenni E. Roby
Deputy