



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2003 JUN -4 AM 8:51
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: WOOD FAMILY LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:
T.Caleb Wood 3660 Vaughn street Idaho Falls ID. 83406

3. The name and business address of each general partner are:

<u>Name</u>	<u>Address</u>
T. Caleb Wood	3660 Vaughn street Idaho Falls ID. 83406
Heather M Wood	3660 Vaughn street Idaho Falls ID. 83406

(If more space is needed, continue in item 4.)

4. Other matters (optional):

5. Signature of all general partners:

T. Caleb Wood
Heather M Wood

T. Caleb Wood
 Typed Name
 Heather M Wood
 Typed Name

 Typed Name

 Typed Name

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Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
 06/04/2003 05:00
 CK: 1005 CT: 170533 BH: 604033
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