23177

CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION
PHONE: (208) 334-2301 FAX: (208) 334-2847
700 W JEFFERSON PO BOX 83720 BOISE ID 83720-0080

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

2. The name and business address of the registered agent are:

   DOUGLAS R. McMASTER, 4850 Henry Street, Boise, ID 83705
   (not a P.O. Box)

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

Name	Address
DOUGLAS R. McMASTER	4850 Henry Street, Boise, ID 83705

(If more space is needed, continue in item 5.)

4. The latest date on which the partnership will dissolve is: December 31, 2031

5. Other matters (optional):

AUG 30 4 28 PM '96
STATE OF IDAHO
CORPORATIONS
SECRETARY

6. Signatures of all general partners:

   Doug R. McMaster
   DOUGLAS R. McMASTER

Secretary of State use only
IDAHO SECRETARY OF STATE
DATE 09/03/1996 0900 22237
2
CK #: 8102 CUST# 2618
LTD PTR DM
1@ 100.00= 100.00

#: L

g:/corp/forms/CLP.pm6
File in Duplicate Original

Fee: $100 if typed with no attachments
$120 if not typed or if attachments are included