

L 2800

CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION
PHONE: (208) 334-5355 FAX: (208) 334-2280
700 WEST JEFFERSON, ROOM 203 • P.O. BOX 83720 • BOISE, ID 83720-0080



1. The name of the limited partnership is: _____
(Must include, without abbreviation, the words "Limited Partnership.")
THE STEPHEN E. MARTIN AND LINDA S. MARTIN FAMILY LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:
STEPHEN E. MARTIN, 330 Shoup Avenue, 3rd Floor, Idaho Falls, Idaho 83402
(not a P.O. Box)

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

Name	Address
STEPHEN E. MARTIN	330 Shoup Avenue, 3rd Floor, Idaho Falls, Idaho 83402
LINDA S. MARTIN	2900 Balboa Drive, Idaho Falls, Idaho 83404

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

4. The latest date on which the partnership will dissolve is: December 31, 2050

5. Other matters (optional):

6. Signatures of all general partners:

Stephen E. Martin
Stephen E. Martin

Linda S. Martin
Linda S. Martin

Secretary of State use only

IDAHO SECRETARY OF STATE

7/10/95 9:00:00 AM
Customer # 2367
IVC960001539 16384

CORPORATION DOMESTIC LP

1 @ 100.00 = 100.00