



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2004 MAR -2 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

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

2. The name and business address of the registered agent are:
1850 E 1750 S, GOODING, ID 83330 , ERLE BYRAM

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

<u>Name</u>	<u>Address</u>
ERLE BYRAM	1850 E 1750 S, GOODING, ID 83330
CYNTHIA BYRAM	1850 E 1750 S, GOODING, ID 83330

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

4. Other matters (optional):

5. Signature of all general partners:

Erle Byram _____ ERLE BYRAM
 Typed Name
Cynthia Byram _____ CYNTHIA BYRAM
 Typed Name

 Typed Name

 Typed Name

Secretary of State use only

idcomp/forms/iforms/ver404.pfb
Revised 1/1/2001

IDAHO SECRETARY OF STATE
03/02/2004 05:00
CK: 338 CT: 170045 DH: 730461
1 @ 100.00 = 100.00 LTD PTR DM # 2

Web Form

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