CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION
PHONE: (208) 334-5355 FAX: (208) 334-2282
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 HANSEN LOWER RANCH LIMITED PARTNERSHIP

2. The name and business address of the registered agent are:
Stephen E. Martin, 425 South Holmes, Idaho Falls, Idaho 83401
(not a P.O. Box)

98 DEC 29 AM 11:29
SECRETARY OF STATE
STATE OF IDAHO

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

Name	Address
The Clifford P. Hansen Revocable Trust dated 12/18/92	1000 Spring Gulch Road, Jackson WY 83001
The Martha C. Hansen Revocable Trust dated 12/18/92	1000 Spring Gulch Road, Jackson WY 83001

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

4. The latest date on which the partnership will dissolve is: 12/31/2050

5. Other matters (optional):

6. Signatures of all general partners:

[signature], Trustee of
The Clifford P. Hansen Revocable Trust
The Martha C. Hansen Revocable Trust

[signature], Trustee of
The Clifford P. Hansen Revocable Trust and
The Martha C. Hansen Revocable Trust

IDAHO SECRETARY OF STATE State use only
12/29/1998 09:00
CK: 971 CT: 98312 BH: 173968
1 @ 100.00 = 100.00 LTD PTR DM # 2

L 3948

CLP793 *File in Duplicate Original* Fee: $100