L 3124

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

JUN 27 10 07 AM
SEC STATE

1. The name of the limited partnership is: WHALEN FAMILY LIMITED PARTNERSHIP
(*Must include, without abbreviation, the words "Limited Partnership."*)

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

OLIVE P. WHALEN , 24395 South Highway 3, Medimont, ID 83842
(not a P.O. Box)

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

Name	Address
OLIVE P. WHALEN	P.O. Box 35, Medimont, Idaho 83842

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

4. The latest date on which the partnership will dissolve is: December 31, 2026

5. Other matters (optional):

6. Signatures of all general partners:

Olive Whalen

Secretary of State use only
IDAHO SECRETARY OF STATE
DATE 06/27/1996 0900 73747
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CK #: 6133 CUST# 22291
LTD PTR DM
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CLP793 *File in Duplicate Original* Fee: $100