



CERTIFICATE OF LIMITED PARTNERSHIP

(Instructions on back of application)

2003 OCT 10 AM 9:10
DEPARTMENT OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: Falling Acorn, L.P.

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

CT CORPORATION SYSTEM 300 N 6th ST boise id 83702

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

Name _____ Address _____

James R. Dennis, 4641 Whites Point, Geneva, New York 14456

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

4. Other matters (optional):

The Partnership shall dissolve on December 31, 2048, unless sooner terminated pursuant to the partnership agreement.

5. Signature of all general partners:

6. Signature of all general partners

James R. Dennis

Typed Name

Typed Name

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Secretary of State use only

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Revised 01/2001

IDaho SECRETARY OF STATE
10/10/2003 05:00
CK: 8434 CT: 157320 BH: 705989
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Digitized by srujanika@gmail.com

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