

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 EARL E. HARDEMAN FAMILY LIMITED PARTNERSHIP

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

Stephen E. Martin, Esq., 425 South Holmes, Idaho Falls, Idaho 83401
 (not a P.O. Box)

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

Name

Address

THE EARL EDWARD HARDEMAN P.O. Box 277

AND PATRICIA ANN HARDEMAN Wilson, Wyoming 83014

FAMILY TRUST

(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:

THE EARL EDWARD HARDEMAN AND PATRICIA ANN
 HARDEMAN FAMILY TRUST

By: Earl Edward Hardeman
 Earl Edward Hardeman, Trustee

By: Patricia Ann Hardeman
 Patricia Ann Hardeman, Trustee

IDAHO SECRETARY OF STATE

08/30/2000:09:00
 CX: 2095 CT: 72542 DM: 345113

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