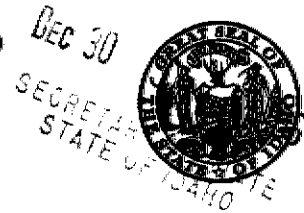


L 3300

CERTIFICATE OF LIMITED PARTNERSHIP

To the: STATE OF IDAHO SECRETARY OF STATE
CORPORATIONS DIVISION

PHONE: (208) 334-2301 FAX: (208) 334-2847
700 W JEFFERSON PO BOX 83720 BOISE ID 83720-0080



1. The name of the limited partnership is: James M. Miller Family Limited
Partnership

2. The name and business address of the registered agent are:
James M. Miller, 155 2nd Ave. North, Twin Falls, ID 83301
(not a P.O. Box)

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

<u>Name</u>	<u>Address</u>
<u>James M. Miller</u>	<u>P.O. Box 394, Twin Falls, ID 83303</u>
<u>Rebecca H. Lehto</u>	<u>P.O. Box 394, Twin Falls, ID 83303</u>

(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):

Before me _____ a Notary Public in and
for JACKSON County State of IDE
personally appeared _____ and he being
first duly sworn by me upon his oath says that
the facts alleged in the foregoing instrument are
true.

(SEAL)

(Signed)

Candace M. Rupp
Notary Public
"acting in Washburn county"
12/24/95

6. Signatures of all general partners:

X James M. Miller
James M. Miller

X Rebecca H. Lehto
Rebecca H. Lehto

Secretary of State use only
IDAHO SECRETARY OF STATE
DATE 12/30/1995 0900 50565
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