

# State of Idaho

Office of the Secretary of State

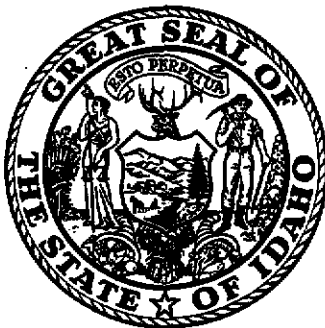
**CERTIFICATE OF AUTHORITY  
OF  
M YOU FAMILY LIMITED PARTNERSHIP**

**File Number L 6240**

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Limited Partnership Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the Application.

Dated: March 2, 2009



*Ben Yursa*  
SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP

(instructions on back of application)

FILED EFFECTIVE

09 MAR -2 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned limited partnership applies for a Certificate of Authority and states as follows:

1. The name of the limited partnership is:

M YOU FAMILY LIMITED PARTNERSHIP

2. The name which it shall use in Idaho is:

M YOU FAMILY LIMITED PARTNERSHIP

3. It is formed under the laws of:

WYOMING

and its date of formation is

01/17/07

4. The business address of the office located in its jurisdiction of domicile:

14000 WEST POISON SPIDER RD CASPER WYOMING 82604

5. The address of its principal office in Idaho is:

N/A

6. The address to which correspondence should be addressed, if different from item 5, is:

14000 WEST POISON SPIDER RD CASPER WY, 82604

7. The name and physical street address of the registered agent in Idaho is:

M. LYNN DUNLAP ATTORNEY AT LAW 415 Addison Av'e Ste 1 Twin Falls ID 83303

8. This limited partnership [  is ] [  is not ] a limited liability limited partnership.

9. The names and respective business and mailing addresses of its general partners:

Name	Street Address	Mailing Address
<u>ROBERT LEMAN</u>	<u></u>	<u>14000 W. POISON SPIDER RD</u> <u>Casper Wy 82604</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Dated: 02/23/2009

Signature: Robert Leman

Typed Name: ROBERT LEMAN

Capacity: Robert Leman  
*The signer must be a general partner of the limited partnership.*

Customer Acct #:

(if using pre-paid account)

Secretary of State use only

Application fee: \$100.00  
Certificate fee: \$100.00  
Annual fee: \$100.00  
Total fee: \$300.00

IDAHO SECRETARY OF STATE  
03/02/2009 05:00  
CK: 1132 CT: 234622 BH: 1159200  
1 @ 100.00 = 100.00 REG FOR LP # 2

26240

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

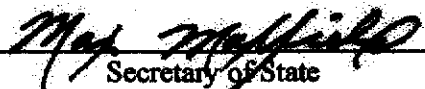
**M You Family Limited Partnership**  
is a  
**Limited Partnership**

formed or qualified under the laws of Wyoming did on **January 17, 2007**, comply with all applicable requirements of this office. Its period of duration expires 01/17/2057. This entity has been assigned entity identification number **2007-000529613**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed a Certificate of Cancellation.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of February, 2009 at 4:25 PM. This certificate is assigned 004789632.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.